

Dr. Darren W. Sinopoli D.M.D.

FINANCIAL & INSURANCE POLICIES

Thank you for entrusting us to care for your dental health. As part of our services, we make every effort to keep down the cost of health care. In an effort to do so, we ask that you read the following office policies prior to treatment.

If you need additional information or explanation, we will be happy to assist you. Thank you for your cooperation.

Our policy is to request payment at the time of your visit as the cost of billing statements, postage, and billing staff affects fees.

**INSURANCE CO-PAYS, PERCENTAGES AND DEDUCTIBLES
ARE DUE AT THE TIME OF SERVICES**

Cash, personal checks, Care Credit, VISA, MasterCard, American Express, and Discover are accepted.

Read /Initial All:

_____ **Dental Insurance**

Insurance is billed as a courtesy to our patients, and the patient is the final responsible party. If your insurance has not paid the claim within 60 days, you will be notified and billed for the balance due. Most insurance companies will not cover 100% of all dental expenses.

**We are an *IN-NETWORK* provider for the following Insurances:
CIGNA, DELTA CARE, DELTA DENTAL, and METLIFE**

**Please understand that this office is an *OUT-OF-NETWORK*
provider (or non-participating) for *ALL* other insurance companies.
Services will be paid at a "Usual & Customary Rate" and the patient
will be responsible for any remaining balance. Also, understand that
Dental Insurance is a contract between the patient and the Insurance
Company and not a contract between the Insurance Company and the
Office.**

_____ **Non-Insurance**

Full payment is due at the time services are rendered unless arrangements have been made.

_____ **Collections**

This office does utilize a collection agency, if necessary, for collecting outstanding balances. The office will make efforts to collect the balance, but at certain times, a collection agency will be utilized. The patient will be responsible for the outstanding balance and any fees incurred from the collection agency.

I have read, agree, and understand the above.

Patient/Parent or Responsible Party

Date