

FINANCIAL POLICY

Private Paying Patients:

Payment for all treatment is expected at the time services are rendered. On multi-visit procedures, (crowns, dentures, implants), payment is expected when treatment is started. Veneers and cosmetic dentistry payment is expected ten days before treatment is to be started.

Insurance Patients:

We understand the value of insurance benefits and will assist you in obtaining your maximum benefit. We will gladly process your insurance claims for you and will also estimate your deductible and co-pay.

Co-payment and your deductible (the portion the insurance does not cover); are due at the time services are rendered. For multi-visit procedures (crowns, dentures, implants), your co-payment, which is usually half of the total fee, is expected at the start of the procedure.

Some insurance companies do not accept assignment. They pay you the insured; therefore, we will submit a claim for you, however, a payment for the services provided will be expected at the time of treatment.

We gladly process insurance claims as a courtesy to our patients, but you must do your part by furnishing us with the correct and appropriate information and inform us of any changes at the time services are rendered.

Even though we process your insurance claims for you, you remain responsible for the entire bill. We reserve the right after 45 days, if the insurance has not paid, to require the amount due to be paid by you. We will be happy to assist you in collecting your money from the insurance company. They will reimburse you.

Cosmetic dentistry, veneers, etc. are usually not covered by insurance. Payment will be required ten days before treatment is to start.

Payment Plans:

Although we do not offer any type of in office payment plan, we do work with an outside finance company.

I have read and understand the financial policy of the dental offices of Parsi-Osorio, PLLC

I accept as a condition of treatment the financial policies of Parsi-Osorio, PLLC

I understand that I am responsible for all costs of dental treatment.

I authorize payment directly to the dental office of the group benefits payable to me.

My signature on this form may be used in place of my signature on each insurance form.

Signature of patient and or legal guardian: _____ Date: _____