

FINANCIAL POLICY

Thank you for choosing us as your healthcare provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment.

- **FULL PAYMENT IS DUE AT TIME OF SERVICE**
- **WE ACCEPT CASH, CHECK, VISA, DISCOVER, AMERICAN EXPRESS, & MASTERCARD**
- **INTEREST FREE PAYMENT THROUGH CARE CREDIT (with approved credit see brochure)**

For our patients who have dental insurance:

WE ARE AN IN NETWORK PROVIDER FOR CIGNA PPO, MET LIFE AND DELTA. For these three companies we are able to **estimate** your co-pay and ask you pay this co-pay at the time of service.

WE ARE OUT OF NETWORK FOR ALL OTHER INSURANCE COMPANIES. We require payment in full for all appointments. As a courtesy to you, we will file your claim with your insurance company for reimbursement to you. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and/or necessary under your dental/medical insurance. You are responsible for all charges regardless of insurance coverage.

Medicare and Medicaid WILL NOT cover any services provided by Dr. Mark Petryna. We are not an in network provider. If you have either of these insurances you will be responsible for all charges.

MINOR PATIENTS

The adult accompanying a minor and the parents (or guardians) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied.

MISSED APPOINTMENTS

Unless cancelled at least 24 hours in advance, our policy is to charge for missed surgical appointments at the rate of \$150.00. Please help us serve you better by keeping scheduled appointments.

INTEREST

We reserve the right to charge interest in the amount of 1.5% as provided by state law.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. If you have questions regarding your account, please contact us at (704) 847-7799. Many times, a simple telephone call will clear any misunderstandings.

I have read the Financial Policy. I understand and agree to this Financial Policy. I hereby authorize my insurance company to assign benefits to Mark M. Petryna, DDS, PA., unless I am paying in full, benefits from my insurance will be paid to me.

X _____

Date _____

Signature of Patient or Responsible Party