Providence Dental Associates
350 South Providence Road
Media, PA 19063

Dean F. Sophocles, D.M.D. Joseph Paradine, D.D.S.

Office Financial Policy

Thank you for choosing our office as your dental provider. We are committed to your treatment being successful and to our relationship being professional and long lasting. Please understand that we will work with you and your insurance provider to insure maximum benefits and speedy settlement. The following is a statement of our financial policy, which we request you to read and sign prior to future treatment. For some patients this policy is already in place, while for others it may be new. We ask for your understanding and patience as we work to implement this policy for all patients.

OUT-OF-NETWORK INSURANCE PLANS AND YOUR RESPONSIBILITY

We ask that the fee be paid at the time when services are rendered unless other arrangements are made with the doctor prior to treatment. We will submit the necessary paperwork via the mail or electronically to your insurance and have benefits sent directly to you. **It is the policy of this office that you leave up to 50% of the total fee for major procedures unless you have been otherwise instructed.** Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your out-of-network insurance company has not paid your account within 60 days, you will be responsible for payment of the balance. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under dental insurance. If and when your insurance does make payment and you are entitled to a refund, Dr. Sophocles will issue a refund check within 7 days of the receipt of that insurance payment.

INITIAL _____

CANCELLED AND MISSED APPOINTMENTS – Any missed appointment or cancelled appointment with LESS than 24 HOURS NOTICE will be subject to a $75 cancellation fee. Please help us serve you better by keeping scheduled appointments.

RETURNED CHECKS – Checks returned by your bank are subject to a $30 processing fee. Accounts past due over 30 days are subject to a 1.5% service charge per month (18% per annum). Minimum service charge is $2 per month.

COLLECTIONS – If your account is referred for collection, you will be responsible for collection costs, up to the amount of 50% of the outstanding balance, together with court costs and reasonable attorney's fee.

INITIAL _____

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agree to the Financial Policy.

_____ DATE _____
SIGNATURE OF PATIENT

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SIGNATURE OF PARENT IF PATIENT IS A MINOR