

Business and Financial Privacy



*Required Fields

Business and Financial Policy

Thank you for choosing Dr. Jeffrey Cohen for your oral health care needs. Our team's expertise and commitment to our patients ensures you will receive the best comprehensive care possible. We hope to develop and maintain a professional relationship that will strengthen through the years to come. During this time, we will establish a financial relationship, as well. In order to successfully maintain these relationships, it is important to be aware of our financial and office policies. Please read and sign this Business and Financial policy and let us know if you have any questions.

TREATMENT PLAN:

The appropriate dental treatment is based on our examination of your teeth and soft tissues of the oral cavity. Our goal is to provide you with treatment that will last and will eliminate the need for unplanned emergency treatment. If any additional unforeseen treatment is required, this estimate will need to be revised. You will be consulted before any additional treatment is started. This estimate will be honored, provided treatment is completed within six months of the date of the examination and treatment diagnosis.

MAINTENANCE:

It is my responsibility to complete treatment and to follow recommended maintenance schedules. If the treatment and maintenance plans are not followed, and/or appointments are missed, adverse results could affect my dental health and insurance coverage. If I do not proceed with my treatment plan in a timely manner, further treatment for the involved teeth, supporting tissues, adjacent and opposing teeth, muscles, or joints may be required.

APPOINTMENTS:

Due to the extensive nature of our infection control protocol, the necessary supplies and equipment for each individual appointment are organized, sterilized, and readied for utilization prior to your arrival. Once your appointment has been made, please remember this time has been reserved specifically for you. No charge will be made for rescheduling an appointment, provided a minimum of 48 BUSINESS hours notice is given. If an appointment is broken without the appropriate notice, a minimum charge of \$35.00 per half hour of scheduled appointment time will be incurred. A Pre-Payment Reservation Policy may be implemented for exclusive, complex appointments and/or for patients with a history of late notice cancellations. A reservation of 30% for scheduled treatment (on a credit card) will hold your exclusive time. Scheduled appointments canceled or rescheduled with less than 2 BUSINESS DAYS (not including weekend days) notice will be charged the 30% reservation fee.

FEES:

Payment of fees for services rendered is expected at the time of treatment. We gladly accept cash, personal checks, and credit cards as methods of payment. We also offer Care Credit and Lending Club and Proceed Finance which provide various minimal monthly payment options, please ask about the details. Finance charges are applied to monthly statements.

INSURANCE:

We are dental health care providers and our relationship is with our patients, not the dental insurance companies. If our office is able to accept your insurance company's assignment of benefits, it does not absolve the patient of full responsibility for the fees in full for treatment provided. We are not responsible for how your dental insurance company processes claims, or what benefits are paid. For this reason, we can only provide you with an estimation of your insurance coverage and benefits. The estimate of insurance coverage is considered as a guideline until the final insurance payment is received and the patient's account has been reconciled. This office can make no guarantee of the insurance payment as estimated. Our administrative staff prides itself on helping our patients maximize their benefits. We are always available to answer your questions."

COLLECTION FEES:

Undergoing treatment implies consent as outlined in this agreement. We send monthly statements requesting payment for outstanding balances. After 90 days (3 billing cycles), if we have not received your payment in full, we may send delinquent accounts to collections which may affect your credit. Fees incurred to gain payment of delinquent accounts will be added to the patient balance.

FINANCIAL CONSENT:

The patient (guardian) agrees to be fully responsible for the total payment for procedures and treatments performed in this office, including any treatment denied and/or not a benefit of any dental insurance that the patient may have.

AUTHORIZATION: I grant the right to Dr. Jeffrey L. Cohen to release my medical/dental histories and other information about my dental treatment to third-party payers and/or other health care professionals. My electronic signature serves as an acknowledgment I have read, understand, and agree to this policy.

SIGNATURE *

DATE*