



Angie Papandrikos, D.D.S., P.C.
Pediatric and Adolescent Dentistry

Payment & Financial Agreement

Thank you for choosing our office as your dental healthcare provider. We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. In order to achieve these goals, we need your assistance and understanding of our payment and financial policy. We offer the following methods of payment:

- ❖ **Payment in full** is due at the time of service. Cash, Check, Debit Card, MasterCard, Visa, Discover and American Express accepted.
- ❖ For patients with insurance, we will accept payment directly from the insurance company, but require that the deductible and non-covered fees be paid at each visit.
- ❖ In certain situations, a check from the insurance company may be sent to the policy holder and therefore be required to return the check to Dr. Angie Papandrikos, DDS within 5 business days.
- ❖ For your convenience, we provide patients with the options to authorize the use of their credit card. These authorizations allow Dr. Angie Papandrikos, DDS to charge a patient's credit card for unpaid copays or account balances in our office without your presence but only after your consent.

Important Information Regarding Your Dental Benefits

- ❖ Your dental benefit is a contract between you, your employer, and the insurance company. We are not a party to that contract. This office files your insurance as a courtesy to you.
- ❖ Not all dental services are a covered benefit in all contracts. It is your responsibility to know your benefits.
- ❖ An estimate will be given of the benefits that the insurance company is expected to pay. Remember that this is only an estimate and that the actual cost may vary.
- ❖ **BROKEN/MISSED APPOINTMENTS:** Your dental appointments reserve a specific time with the dentist to perform and provide the care you need. We request 48 hours advance notice of canceling or rescheduling your appointment, if 48 hours' notice is not given a \$75.00 fee will be charged.
- ❖ Our staff is trained to help you with any question you may have relating to how your claim was filed, or regarding any additional information your carrier may need to process your claim. Please, ask if you have any questions!

I acknowledge I have received and agreed to Dr. Angie Papandrikos, DDS payment and financial policies.

Patient or Responsible Party: _____

Date: _____ Relationship to Patient: _____