

Dolinar & Thomas, DDS. PLLC
121 Buffalo St.
Hamburg, NY 14075
716-648-6661

Our Financial Policy

Thank you for choosing our office for your dental care. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign.

WE ACCEPT Master Card, Visa, American Express, Cash and Personal Checks.

All accounts are considered payable upon completions of service.

The amount your insurance does not cover is due at time of service. Regardless of insurance coverage, all accounts must be paid in full within 60 days of service. Should you need financial arrangements for payment of your account, our office staff will be happy to assist you.

We will file your claim as a courtesy. If the account is not paid in full the day of service, we ask that the assignment of benefits be signed. Please do not hesitate to ask any questions regarding your account! We want you to be comfortable in dealing with these matters and we urge you to consult us if you should need any questions answered regarding our policies.

Dental insurance is rapidly playing a larger and larger role in helping people obtain dental care. Since we strongly feel our patients deserve the best possible care, we would like to share some facts about dental insurance with you.....our patient.

1. Although we participate with Blue Cross Blue Shield Dental Plus, there may still be a patient balance that is payable directly to the dentist.
2. Most dental insurances are not meant to PAY-ALL, they are meant to be an aid to payments.
3. Our policy is committed to providing the best treatment for our patients and we charge what is Usual and Customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

If you desire, we work with a finance company (American General), they offer 12 months interest-free financing. Please consult our staff if this is something you are interested in participating in. Due to high bank fees, there will be a \$25.00 charge for returned checks.

Please be advised that if your past-due account is referred to a collection agency or an attorney, you will be responsible for all collection, attorney, or court costs.

We reserve the right to charge interest in the amount of 15% as provided by law.

The parent who brings the children for a dental visit is responsible for payment.

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

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

X _____
Signature of Patient or Responsible Party

Date