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## *Our 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 part of your treatment. The following is a statement of our financial policy which we require you to read and sign prior to any treatment.

**All patients must complete our information form in its entirety before seeing the doctor.**

**FULL PAYMENT IS DUE AT TIME OF SERVICE ACCORDING TO THE GUIDELINES OF YOUR PLAN.**

**WE ACCEPT CASH, CHECKS, OR ATM/CREDIT CARDS.**

### **Regarding Your Insurance**

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. You are responsible to know your insurance policy. In the event that we do not accept assignment of benefits, we require that you provide a credit card with authorization to bill that account for the balance. If your insurance company has not paid your account in full within 60 days, the balance will automatically be transferred to your responsibility. Please be aware that some and perhaps all of the services that are provided may be uncovered services, and not considered reasonable and necessary under the Medicare program and/or other media insurance.

### **Usual and Customary Rates**

Our practice 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 determination of usual and customary rates.

### **Adult Patients**

Adult patients are responsible for full payment according to their plan at the time of service.

### **Minor Patients**

A minor must be accompanied by a parent or guardian. The adult accompanying the minor is responsible for full payment. Unfortunately, we cannot get involved in divorce and custody matters.

### **Missed Appointments**

***Your appointment has been especially reserved for you- Unless 48 hr rescheduling notice is given, a fee will be charged. This fee is not reimbursable by your dental insurance and must be paid before your next appointment is scheduled. The rate for the time you reserved is \$450/hr for the doctor and \$155/hr for the hygienist.***

### **Past Due Accounts**

All accounts not paid within 30 days of the bill date will be charged interest at a rate of 1.5% per month.

**I HAVE READ THE FINANCIAL POLICY AND UNDERSTAND AND AGREE TO THESE TERMS.**

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Please Print Name

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Signature of Patient or Responsible Party

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Date