

**Anthony G. Milazzo, DDS, PC**  
**Financial Policy**

We appreciate the opportunity to serve you! We've found that a clear understanding of our financial policy in advance of dental care helps to relieve some of the anxiety associated with dental visits. Please read the following information carefully and contact our office should you need any clarification.

◆ **Patients without insurance coverage need to know . . .**

The fee for the treatment rendered must be paid in full on the day of service.

◆ **Patients with insurance coverage need to know . . .**

The estimated patient copay and deductible for the treatment rendered must be paid in full on the day of service. Please understand that you are ultimately responsible for all fees generated by your treatment.

◆ **Visa, MasterCard, Discover, checks, and cash are the payment forms accepted.**

Payment plans are available. Please ask about them if you need one.

◆ **Rescheduling appointments: Two business days' notice is required.**

A \$75 to \$100 fee, depending on the amount of time that was reserved for you, will be applied to your account for rescheduling, canceling or failing to show up for your appointment without 2 business days' notice. Dr. Milazzo & Associates reserves your appointment time exclusively for you. Please be considerate.

This is an agreement between Milazzo & Associates as creditor, and the Patient/Debtor named on this form. By executing this agreement, you consent to treatment by the doctors and staff at Anthony G. Milazzo, DDS, PC and agree to pay for all services that are received. Once you have signed this agreement, you agree to all the terms and conditions contained herein and the agreement will be in full force and effect.

The Financial Policy continues on the next page

Patient's Name: \_\_\_\_\_

Responsible Party (if patient is under 18 years old): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In this agreement the words "you," "your," and "yours" mean the Patient/Debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we," "us," and "our" refer to Milazzo & Associates.

**Treatment Plans:** You understand that if Dr. Milazzo & Associates has treatment recommendations for you, you will receive an itemized list of the recommended treatment. This will also contain an estimate of what the fees will be for the recommended treatment. If you have dental insurance, the treatment plan may include an additional estimate calculating what may be paid by your insurance company toward the fees for your treatment. You understand that treatment plan estimates are not a guarantee of insurance payment and you are ultimately responsible for all fees generated by your treatment.

**Payments:** Unless we approve other arrangements in writing, the balance on your statement is due and payable when a statement is issued, and is overdue if not paid by thirty (30) days after the statement date.

**Finance Charge:** A finance charge will be imposed on each item of your account which has not been paid within ninety (90) days of the time the item was added to the account. The FINANCE CHARGE will be computed at the rate of (1.0%) per month or an ANNUAL PERCENTAGE RATE of eighteen (18%) percent. The finance charge on your account is computed by applying the periodic rate (1.0%) to the “overdue balance of your account. The “overdue balance” of your account is calculated by taking the balance owed ninety (90) days ago, and then subtracting any payments or credits applied to the account during that time.

**Past due accounts:** If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs that are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyers’ fees that we incur plus all court costs.

**Waiver of confidentiality:** You understand if this account is submitted to an attorney or collection agency, or if we have to litigate in court or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

**Returned checks:** There is a fee (currently \$25) for any checks returned by the bank.

**Charges to Account:** We shall have the right to cancel your privilege to make charges against your account at any time. Future visits would then need to be paid in full at the time of service.

**Insurance Release:** You authorize Dr. Milazzo & Associates to release any necessary information requested by your insurance carrier and authorize payment directly to Dr. Milazzo & Associates for any benefits available under your insurance plan.

**Insurance:** Insurance is a contract between you and your insurance company. We will bill your insurance company as a courtesy to you. Please note that services are not rendered on the assumption that the insurance company will pay us. You are ultimately responsible for payment of all fees generated by your treatment. If your insurance company has not paid your claim within ninety (90) days after the date of service, the full amount is due and payable by you. We will promptly refund to you any insurance payments we receive if you have already paid the balance on your account. It is your responsibility to inform us of any changes in your insurance coverage.

**Divorce:** In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent’s responsibility to collect from the other parent.