

901 N. CONGRESS AVE.
SUITE D-105
BOYNTON BEACH, FL. 33426
TELEPHONE (561) 737-8559
WWW.BOYNTONDENTIST.COM

Hugh B. Rosenblatt, DMD, PA

OUR FINANCIAL POLICY

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. Please ask if you have any questions about our fees, Financial Policy or your responsibility.

All patients must complete our Patient Registration Form completely before seeing the Doctor.

FULL PAYMENT IS DUE AT THE START OF TREATMENT.

- No post dated checks will be accepted.
- We accept Cash, Visa/Mastercard/Discover and Care Credit.
- You will be responsible for collection costs if your account is referred to a collection agency.

REGARDING INSURANCE PPO/TRADITIONAL

As a courtesy to our patients, we submit the claims to the insurance company. However, the patients' portion is expected in full at the time of service. This insurance is paid based on an estimated percentage basis and any unpaid charges from the insurance company for services performed also become the patients' responsibility.

MINORS ACCOMPANIED BY ADULT

The adult accompanying a minor, and his/her parents (or guardians), is responsible for full payment at the time of service.

UNACCOMPANIED MINORS

The parents (or guardian) are responsible for full payment. Non-emergency treatment will be denied unless charges have been pre-authorized by parents or guardians at time of service.

MISSED APPOINTMENTS

We will make every effort to arrange appointments that fit into your schedule. We do ask that you kindly give us 48 hours notice should an emergency prevent you from keeping your appointment to avoid any **BROKEN APPOINTMENT CHARGE (\$50) ADDED TO YOUR ACCOUNT**. This will allow us to accommodate other patients in need of treatment. Should you habitually miss appointments, we may elect to dismiss you from our practice.

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

RESPONSIBLE PARTY SIGNATURE _____ **DATE:** _____