

HAL L. COHEN, DMD, LLC

PATIENTS WITH DENTAL INSURANCE

Dr. Cohen does not participate with any insurance. As a courtesy to our patients we will submit to your primary and secondary carrier for payment. The accuracy of the dental plan information is the responsibility of the insured party. The insured should call and verify dental benefits prior to the visit. If payment is not received within thirty days of the date of service the insured will be billed. You, the patient or parent of a minor child are responsible for all amounts not covered by your insurance carrier.

A statement will be sent to you after each insurance payment is received. Account balances, co-payments and deductibles will be due at the time of service. We would appreciate having you remain current rather than having your balance accumulate over several visits. Should you have financial problems that may result in delayed payment of your bill, please contact us so that every effort can be made to arrange a mutually acceptable payment plan.

PATIENTS WITHOUT DENTAL INSURANCE

Patients without insurance coverage are requested to pay for services as rendered. We accept MasterCard, Visa and American Express.

ADDITIONAL TERMS

Appointments cancelled or missed with less than 24 hour notice will be subject to a cancellation charge. This amount will not exceed the charges for that appointment. Checks returned by your bank are subject to a \$35.00 processing charge subject to change. A billing charge of \$1.00 will be assessed to accounts over 30 days. Accounts unpaid after 60 days from the date of service may be subject to a finance charge at 1.5% monthly. Billing charges and finance charges will not be removed. If your account is referred for collection, you will be responsible for collection costs.

Emergencies patients will be scheduled according to availability in Dr. Cohen's schedule. Please understand that we may not be able to accommodate your personal schedule. We require that you call for an appointment rather than walk-in to be seen as an emergency.

I HAVE READ THE ABOVE AND UNDERSTAND THE OFFICE AND INSURANCE INFORMATION.

SIGNATURE OF PATIENT OR GUARDIAN

DATE