

Dr. Matthew Giunta and our team welcome you to our practice. We believe you deserve the best care possible, and sincerely appreciate your trust in us with your dental health. Please take a moment to review this information.

Financial Policy (Please in	nitial the following)		
Giunta Denti service.	stry requires self-pay,	insurance co-payments, and deductibles to b	pe paid in-full at the time of
48-hour not	ice is required to cand	cel/reschedule an appointment to avoid a brok	ken-appointment fee.
It is your resp e-mail.	ponsibility to inform ou	ur office of changes in address, contact numb	ers, insurance coverage, and
Balances over	er 30 days may be sul	bjected to a 1.5% interest fee per month.	
Credit baland	ces are refunded if the	ere are no pending insurance claims.	
Returned che	ecks result in a \$25.00	oservice charge and all future payments requ	uired in cash or credit card.
collection of		collection agency, you will be responsible for ay include collection agency fees up to 35% of	
Our Policy Regarding De	ental Insurance		
Though your dental insur benefits. As a courtesy,	rance is your respons we will help by filing	whether you have purchased it or your emposibility we can help! We will go the extra ming your insurance forms, which will save you can panies, which reduces your immediate out-of	ile to help you maximize your considerable time and trouble.
		urance company to pay, it is only an estima e company. You must understand, we canno	
	ent, but it is intended to	he total treatment fee. Your dental insurance help cover a certain portion of the cost. Be	
		financial obligation for dental treatment is betw his office and your insurance company.	veen you and
including, diagnosis and r	ecords of treatment re th providers. I authorize	ove information. I authorize Dr. Giunta to rele endered to me or my child during the period o ze Dr. Giunta to perform diagnostic procedure	f such dental care, to third
Print Patient Na	me	Patient Signature	Date
Employee Signat	ture		
Optional: I would like to	open a 90 day interes	t free account with Giunta Dentistry, P.A. pen	nding my credit rating.
Print Patient Na	me	Patient Signature	Date