



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 initial the following)

- _____ Giunta Dentistry requires self-pay, insurance co-payments, and deductibles to be **paid in-full at the time of service.**
- _____ **48-hour notice** is required to cancel/reschedule an appointment to avoid a broken-appointment fee.
- _____ It is your responsibility to inform our office of changes in address, contact numbers, insurance coverage, and e-mail.
- _____ Balances over 30 days may be subjected to a 1.5% interest fee per month.
- _____ Credit balances are refunded if there are no pending insurance claims.
- _____ Returned checks will result in the following fees and all future payments required in cash or credit card:
 - \$1 - \$50 \$25 fee
 - \$50 - \$300 \$30 fee
 - \$300 - \$800 \$40 fee
 - \$800+ 5% face value of check
- _____ If your account is turned over to a collection agency, you will be responsible for any cost incurred in the collection of said balance which may include collection agency fees up to 35% of your outstanding balance, court costs, and attorney fees.

Our Policy Regarding Dental Insurance

You are fortunate to have dental insurance, whether you have purchased it or your employer has provided it for you. Though your dental insurance is your responsibility we can help! We will go the extra mile to help you maximize your benefits. As a courtesy, we will help by filing your insurance forms, which will save you considerable time and trouble. We accept payments from most insurance companies, which reduces your immediate out-of-pocket expense.

Regardless of what we may calculate your insurance company to pay, it is only an estimate. Our estimate is based on limited information obtained from your insurance company. You must understand, we cannot forecast what they will pay.

We must stress that you are responsible for the total treatment fee. Your dental insurance is not designed to pay the entire cost of your treatment, but it is intended to help cover a certain portion of the cost. Better terms for dental insurance may be "dental assistance" or "dental benefits."

Please remember, however, the financial obligation for dental treatment is between you and this office, and is not between this office and your insurance company.

I certify that I have read and understand the above information. I authorize Dr. Giunta to release any information including, diagnosis and records of treatment rendered to me or my child during the period of such dental care, to third party, payors and/or health providers. I authorize Dr. Giunta to perform diagnostic procedures and treatment as may be necessary for my (or my child's) dental health.

Print Patient Name	Patient Signature	Date
Employee Signature		

Optional: I would like to open a 90 day interest free account with Giunta Dentistry, P.A. pending my credit rating.		
Print Patient Name	Patient Signature	Date