

James T. Pascia, D.D.S., P.A. &  
David T. Pascia, D.M.D.  
727.321.1900

### INSURANCE & FINANCIAL POLICY

At **Dr's Pascia & Pascia**, we believe that you deserve the best care. That's why we always present you with the best dental solution possible to treat your personal situation. Each year we provide outstanding dental care to hundreds of patients. Some have dental benefits but others do not. If you have dental benefits, Congratulations! You are very fortunate. Here are some important things you should know:

#### **Initial**

\_\_\_\_\_ ■ Your dental benefits are based upon a contract made between your employer and an insurance company. If you have any questions regarding your dental benefits please contact your employer or insurance company directly. Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you.

\_\_\_\_\_ ■ We currently accept most PPO dental plans. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. If you would like to know your insurance benefit, we will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage. This does delay treatment but will give you the exact out of pocket figure you may require. I authorize release of information to my insurance company. I authorize payment directly to my dentist.

\_\_\_\_\_ ■ We will bill your insurance as a courtesy. If insurance does not pay within **60 days**, **Dr's Pascia & Pascia** reserves the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between **YOU** and your insurance company. Our office is not, and cannot be a part of that legal contract. Ultimately, you are responsible for all charges incurred in our office.

\_\_\_\_\_ ■ **Dr's Pascia & Pascia** does require payment in full for your portion at the time of service. We accept MasterCard, Visa, American Express, cash and checks. We are happy to offer a 5% accounting courtesy for all treatment over \$500 that is paid in full prior to treatment commencing that is paid by cash or check only. If you are in need of an extended finance option, we also work with Care Credit. They offer 3, 6, or 12 month interest free payments based on approved credit.

\_\_\_\_\_ ■ A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you need to change your appointment, we require a 48 hour verbal communication to avoid a **\$50 cancellation fee** (emergencies are an exception). This 48 hour notice enables us to offer the time you reserved with the doctor or the hygienist to another patient requiring and waiting for treatment. Thank you in advance for understanding and helping us keep our costs down so that we may run our office more efficiently.

**I fully understand & agree with the above conditions.**

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient/Parent Signature: \_\_\_\_\_