

PAYMENT POLICIES

The goal of Cirelli Family Dentistry is to provide you with optimal care based on your individual needs. If you have dental insurance, we are happy to help you receive your maximum allowable benefits. In order to achieve this, we need your assistance and understanding of our payment policy.

As a courtesy, we will, with your consent, the patient, process insurance claims and will accept assignment of benefits. When applicable, we will estimate the amount of benefits to be claimed. It is important to note, however, that the estimated fees are not a guarantee of payment from your insurance company. If the insurance company fails to pay the claim, whether in part or in full, you will be responsible for the remaining balance.

All returned checks will be assessed a \$25.00 FEE. Balances older than 90 days may be subject to a 1.5% interest fee per month. **Broken appointments will be subject to a \$75.00 cancellation fee.**

Your portion of payment is due on the date of service unless other payment arrangements have been approved by Cirelli Family Dentistry. We offer several payment options which are listed below:

‡Payment in full

We accept cash, check, Visa, Mastercard, Discover, and American Express

‡Care Credit Payment Plan

No interest payment plan for 6-12 months depending on treatment cost. These plans are subject to credit approval. Please ask Cirelli Family Dentistry for promotional information and estimated monthly payment. . There is a \$300 minimum in order to use the plan and will not qualify as interest free.

‡Wells Fargo Payment Plan

No interest payment plan for 6-18 months depending on treatment cost. These plans are subject to credit approval. Please ask Cirelli Family Dentistry for promotional information and estimated monthly payment. There is a \$300 minimum in order to use the plan and will not qualify as interest free.

I, _____ have read and understand the payment policies of Cirelli Family Dentistry.

Signature of Patient/Responsible Party

Date