

DALE A. ROLANDO, D.M.D., F.A.G.D.  
SUE E. ROLANDO, D.M.D., P.A.

### FINANCIAL POLICY

**IT IS THE GOAL OF THIS OFFICE TO PROVIDE TO YOU, QUALITY  
DENTISTRY, AT AFFORDABLE FEES.**

**Office Visits:** Payment for office visits is due and payable at the time of service. However if you have insurance, bring your card or forms with you and we will be happy to file forms for you.

**Insurance Patients:** We will gladly file your insurance claims with your insurance company.

**Periodontal-Treatment Patients:** Patients needing multiple (three or four) maintenance visits in a year may find their insurance only paying for two of the visits per year. You will be responsible for the other visits and any remaining portions not covered by your insurance.

**Prosthetic Patients:** Co-payments on crown and bridge, dentures, and partials must be paid at the time of the initial impression. Payment in full must be made prior to final insertion. **Implant cases and occlusion cases (including occlusal analysis, equilibrations, and all restorative-related procedures to these cases) will pay us directly. We will not accept insurance fees or payments on implant cases or occlusion cases, regardless of insurance coverage. This includes PPO plans.** However, we will be happy to file the insurance claim for you.

We will do everything we can to maximize your insurance benefits. However, we will not allow any insurance company to dictate treatment needed. Ultimately, what your insurance company covers is between you and your insurance company. Your contract is with the insurance company. You are financially responsible for the cost of your dental treatment. If you are unsure exactly what your policy benefits are, we suggest that you call your insurance company to verify them. If your insurance company has not paid the bill in full in **90 days**, you will be expected to take care of the bill. Any balance due from you after your insurance has paid, will be due in 30 days.

**Patients with No Dental Insurance:** You will be responsible for dental treatment fees at the time the service is rendered. On extensive cases (implants, complete dentures, crown and bridge) your fee must be paid in full at the time of the final impression.

**Our office accepts cash, credit cards (MasterCard, Visa, Discover and Care Credit) & personal checks.**

Patient

Signature \_\_\_\_\_ Date \_\_\_\_\_