

Barats Family Dentistry
Mercycare Medical Campus Center, Suite 102
319 S. Manning Blvd. Albany, NY 12208

Financial Policy

Promise To Pay. I hereby authorize and request the performance of dental services from Barats Family Dentistry, PC, including the performance of whatever procedures the judgment of the doctor may deem necessary during the performance of any dental procedures that have been mutually agreed upon. Furthermore, I will be responsible for any financial obligations incurred for dental treatment. If I have insurance, the amount I owe for services may be estimated based on the amount anticipated to be paid by my insurance company. The office will assist me with an insurance claim; however, insurance is a contract between the policyholder and insurance company. I understand that anything insurance does not cover I am responsible for.

Missed Appointment Fee. We require 2 business days cancellation notice and we may charge your account up to a \$50 fee for a missed/broken appointment cancelled without 2 business days advance notice. We try our best to stay on schedule and respect our patients' time and we expect the same courtesy from you, our patient.

Late Payment Fee. If we do not receive payment in full of your balance within 90 days of the service date shown on your statement, you will be assessed a late payment fee of 2% of your unpaid balance each month. We may not allow further appointments, unless in exceptional circumstances, until we receive full payment of your balance.

Returned Payment Fee. If any check or other payment that you have made on your account is returned unpaid, you will be charged a returned payment fee, which is currently \$35.

Collection Costs. If we do not receive payment under the terms of this financial policy and we refer your account to a collection agency or an attorney for collection, we may charge to your account, our collections costs, including court costs and reasonable attorneys' fees, to the extent not prohibited by applicable law.

Yes, I agree to the above terms and conditions.

Account Holder's Name

Signature

Date