



David Levine, DDS

GENERAL DENTISTRY | SLEEP MEDICINE | ORTHODONTIC SERVICES

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Thank you for selecting us as your dental care team. To promote a long-term mutually satisfying relationship, I would like to explain our office policy regarding treatment, insurance, appointments, and fees. PLEASE, read this carefully and ask any questions or concerns you may have BEFORE treatment is rendered. SUBMISSION TO TREATMENT IMPLIES YOUR CONSENT TO TERMS OF THIS AGREEMENT.

TREATMENT: You will find my entire staff is dedicated to helping you improve your dental health. Every effort will be made to make your appointment as comfortable and pleasant as possible. Please feel free to discuss your treatment with me at any time.

INSURANCE: we are happy to submit any insurance claim on your behalf, BUT YOU, THE PATIENT, ARE STILL FULLY RESPONSIBLE FOR THE CHARGES OF THE TREATMENT RENDERED. Your insurance may not cover the services or may only partially cover them and any estimate given by this office is considered a guideline until the final insurance payment is received and your account is reconciled. The office can make no guarantee of the actual payment by your insurance company.

MISSED APPOINTMENTS: When we schedule your appointment, the time is reserved exclusively for you. When you fail to notify us of your inability to keep an appointment, another patient in need of dentistry is unable to receive treatment. We request that you give us at least 24 hours notice when you realized that you cannot keep an appointment, or a fee of \$25 per half hour scheduled may be charged.

PAYMENT IS DUE AT THE TIME OF SERVICES: We accept cash, checks, Mastercard, Visa, Discovercard, American Express; or CareCredit or CitiHealthcard [personalized dental credit cards]. When there is insurance involved, we might collect any deductible and estimated copayment at this time and bill you for any balance after the insurance payment is received and your account reconciled.

PROSTHETICS: Crowns, Dentures, Bridges, etc. or any other lab fabricated appliance; FAILURE BY PATIENT TO RETURN FOR DELIVERY OF THESE ITEMS IS SUBJECT TO DOCTOR TIME AND LAB FEES

SERVICE CHARGES:

MONTHLY BILLING: Even though an insurance claim has been filed, if there is a balance on your account, you will receive a statement each month. A \$5 charge may be applied every month to accounts with balances outstanding 60 days or longer, not including outstanding insurance balances or arranged payment plans.

RETURNED CHECKS: there is a \$25 fee.

COLLECTION FEES: Fees incurred to enforce payment required by this agreement will be charged to the patient

SIGNATURE _____
Patient/Parent or Legal Guardian if patient is a minor

DATE: _____