

Payment Options for Adam and Rolinda Harsany, D.D.S.  
3030 Beard Rd. Napa, Ca. 94558  
(707)255-3511

## **Financial Policy**

We are committed to providing our patients with the best dental care possible. Included in that commitment is an open dialogue of our fees and financial policies.

## **Co-payments**

If you have dental insurance, your estimated co-payment is appreciated at the time of the service. For your convenience, we offer payment options in addition to cash and checks including credit card payments. We accept the following credit cards: Visa, MasterCard, Discover, bank debit cards that are used as a credit card, and Carecredit.

## **Dental Insurance**

Your insurance policy is a contract between you and your insurance company. As health care providers, we are not a party to that agreement. We want to emphasize that our relationship is with you, not your dental benefit provider. There are no guarantees of health insurance benefits. If your insurance does not cover all or part of the treatment provided, you will be responsible for payment of fees which are not reimbursed by insurance regardless of the estimate initially provided to you. However, we are committed to helping our patients maximize their benefits and we will work with you to achieve the maximum benefits for your coverage. If you have dental insurance, we will complete and submit a claim form to your benefit provider as a courtesy to you. If your insurance has a preferred provider list and we are not on that list, you may be responsible for additional costs. Once we have received any insurance portion, you will be billed for any remainder.

## **Treatment Plan Estimate**

Once we have assessed your dental condition, we can present you with a treatment plan estimate if you request one. Please note that the dental benefits are subject to various limits as determined by your benefit provider. All charges are the patients' responsibility regardless of any insurance benefit.

## **Payment Plans**

As a courtesy to our patients, we offer payment plans through Carecredit. You may apply online, by telephone, or by facsimile. Additionally, at our discretion, we may allow an in office payment plan. This will be discussed at the same time as the treatment plan estimate.

## **Late Fees**

Should an account become overdue, once again at our discretion, we may notify you of a one and one-half percent (1.5%) finance charge per month, (18% per year), on any unpaid balance. We will attempt

to work with all of our patients to pay their balances. If a patient continually ignores our requests for payment, we will notify that patient of our sending their account to a collection agent.

## **Cancellation Policy**

As a courtesy, we will remind our patients of their appointments by telephone. Once an appointment has been made, this scheduled time has been reserved for you. We understand that circumstances arise that may prevent you from making your scheduled appointment. Please note that should you fail to show for your appointment, or fail to cancel your scheduled appointment within twenty four (24) hours of the scheduled appointment time, you may be subject to a charge. True emergencies that occur within the twenty four (24) hour window will be exempt unless they occur too frequently.

Please remember, you are fully responsible for all fees charge by this office regardless of your insurance coverage.

Most insurance companies will respond within four to six weeks. Any remaining balance after your insurance has paid is your responsibility. Your prompt remittance is appreciated.

Please keep us informed of your insurance or any changes to your insurance so that we can expedite reimbursement and provide you with an accurate estimate of your patient portion.

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