



Tumminia Dental Associates, PA

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(561)736-1900
(561)736-1966 Fax

FINANCIAL POLICY

PATIENT NAME: _____

Payment is expected at the time services are rendered. Patients with insurance are expected to pay all deductible and co-insurance amounts on the date of service. Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and not a substitute for payment. We are happy to submit claims on our patient's behalf but patients are ultimately responsible for any balance not paid by the insurance company.

Treatment plans are only an estimate of what the insurance company will cover according to your benefit plan. The treatment plans are based on information we are given over the telephone and NOT a guarantee of payment. Our office obtains a **basic** breakdown of benefits from the insurance company before your appointment but all employers have different benefit structures and it is impossible for our office to know each individual plan's coverage restrictions. Please call your insurance company or check your benefit packages for coverage information. You may also ask our office to send in a pre-determination of benefits which usually takes 30 days to get the pre-authorization from the insurance company.

Any dental treatment which involves the use of an outside lab must be paid in full before the case will be delivered to the patient. There will be no exceptions. The office will collect half of the total fee for any procedure which requires an outside lab upon the impression appointment and the remaining balance will be due upon delivery.

Any balance which is considered past due will be subject to a late fee and interest of 1.5%. If any balance remains unpaid and it is necessary to send the account to an outside source for collection procedures, you will be responsible for any and all collections costs and fees.

I have read and understand the above financial policy.

Print name

Date

Signature of patient or guardian

Relationship to patient