Financial Policy

Welcome to Dr. Cemarka's office!

Thank you for choosing us! We look forward to making your visit pleasant. Our office and procedures have been designed to put you at ease and our staff is devoted to your comfort. We truly care about your needs and are positive you will feel relaxed in our office. Before initiating treatment, we will discuss your dental care with you in detail and answer all your questions.

Patients with Dental Insurance:

To prevent any misunderstanding, we would like to inform you of our Financial Policy prior to your treatment. It is important that you know all fees for services are your responsibility. As a courtesy we will be happy to assist you in billing any insurance you choose to utilize. Your Insurance benefits are a contract between your employer and the Insurance Company, therefore it must be understood that we are considered a "third party". We do our best to be as accurate as possible but we base our estimates on information from your insurance company. They will not guarantee payment nor estimates with us so we cannot guarantee them either. It is our Financial Policy to collect payment for *all portions of our fees that are not covered by insurance at the time of service.* Our staff will inform you of your **estimated insurance portion** prior to beginning treatment. In the instance that your insurance company pays less than expected, we will submit a bill to you. In such case, the remaining balance will be due within 30 days.

Patients without Dental Insurance:

We ask for payment at the time of service for all un-insured patients.

Payments:

You may use cash, check or choose from Visa or Master Card. For patients interested in longer term financing, we offer the services of ***Care Credit or Prosper.*** Please ask at the front desk for more information regarding interest free financing.

Appointment Policy:

Please give us **48 hours notice** if you need to cancel or change your appointment. This gives us time to reach other patients who are waiting to be seen. Unforeseen emergencies are understandable; however, missed appointments (less than 24 hours notice will incur a fee of **$150.00**).

Thank you for your effort to save your teeth. You have made a wise decision and we are pleased to be a part of the effort. If at any time you have a question, please do not hesitate to contact our office. We are happy to help you.

Date_____

Patient's Name (printed) _____

Signature of Patient or Guardian _____