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*Jason P. Tosto, DMD*

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## **OFFICE FINANCIAL POLICIES AND FEDERAL TRUTH-IN-LENDING STATEMENT**

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Thank you for choosing the Practice of Jason P. Tosto, DMD to manage your dental needs. Our primary goal is to provide the highest standard of personalized dental care in the most gentle and effective way possible. An important part of this goal includes making the cost of optimal care easy and manageable by offering several payment options.

### **Payment:**

Payment in full is due at the time services are rendered unless prior arrangements have been made.

**Please ask the front desk for a treatment plan estimate for upcoming services if you would like to know, in advance, what services will cost.** For your convenience, we offer several payment options:

- Cash
- Check
- Visa, MasterCard, and Discover
- Deferred interest payment plans with Care Credit<sup>SM</sup>
- Short term in-office financing

### **Insurance:**

Patients who carry dental insurance understand that all dental services furnished are charged directly to the patient and that he or she is personally responsible for payment of all dental services that are not covered by their insurance. We are happy to help prepare the insurance forms for our patients or assist in making collections from insurance companies. As any such collections are received, they will be credited to the patient's account. However, our office does not guarantee payment or coverage by any insurance company. Dental insurance usually pays only a portion of a patient's charges and we urge patients to be fully aware of the provisions of their dental plan. Patients are responsible for the amount calculated in accordance with coverage percentages listed by the dental plan at the time of service. Once the insurance company has made their payment, any remaining balance will then be billed to you. We will not accept responsibility for an insurance company's delay of payment on claims. We emphasize that, as healthcare providers, our relationship is with the patient, not the patient's insurance company.

There are some insurance companies that will not make payments to out-of-network providers. In the event that the insurance company will not make payments directly to us, the patient will be responsible for payment in full, at the time of service. We will bill the insurance company for the patient, any payments made by the insurance company can then be kept by the patient.

### **Minors:**

Payment for services for the treatment of minors can be made by check, cash or credit card; the fees associated with these services are the responsibility of the adult accompanying the minor.

**Social Security Number:**

Patients may choose to decline providing their social security number to the office. In this case, all treatment must be paid for, at the time services are rendered, with cash or credit card only. Patients with dental insurance who choose to decline providing their social security number must pay for treatment in full, at the time services are rendered, with cash or credit card. The office will then bill the insurance company and have any payment sent directly to the patient. We cannot accept check payments for patients that do not have a social security number on file.

**Service Charges:**

There is a \$30 fee for returned checks.

**Collection Fees:**

Accounts over 90 days past due will be turned over to a collection agency. A fee equivalent to 25% of the account balance will be incurred to collect payment and will be billed to and payable by the patient/guarantor.

**Patient Acknowledgement:**

Thank you very much for taking the time to review this information. Please request a copy of this notice of Office Financial Policies and Federal Truth-In-Lending Statement for your records. If you have any questions, we want to hear from you. **Please sign on the next page to acknowledge your receipt of this notice of Office Financial Policies and Federal Truth-In-Lending Statement.**