

Dr. Nasser S. Hanna
Spencer Family Dental
284 Main Street
Spencer, MA 01562

OFFICE FINANCIAL POLICY

Thank you for choosing our dental team to serve you. We are a fee-for-service practice that prides itself on the quality of dental care that we provide. The following is our office financial policy:

1. Payment is due when services are rendered. A \$10.00 statement fee will apply if payment is not paid at time of service and will be added each time a statement is sent. Any questions about our fees and your responsibility should be addressed to our office staff prior to treatment. **WE ADVISE ALL OUR PATIENTS TO CONTACT THEIR INSURANCE COMPANY & FAMILIARIZE THEMSELVES WITH THEIR COVERAGE AND LIMITATIONS PRIOR TO SCHEDULING AN APPOINTMENT. WE ARE NOT RESPONSIBLE FOR UNCOVERED CHARGES BY YOUR DENTAL PLAN, YOU ARE.**

2. All dental treatment involving utilization of a lab requires the patient portion paid in full prior to sending the case to the lab for processing (example: crowns, bridges, dentures, partials, Veneers, etc.).

3. We file insurance claims as a courtesy to our patients. We do request your portion the day of treatment. **YOU ARE FULLY RESPONSIBLE FOR PAYMENT ON ALL SERVICES RENDERED.**

4. **FORMS OF PAYMENT:** Discover, MasterCard, Visa, American Express CareCredit, check or cash. Our office staff will discuss these options with you.

Patient: _____

Relationship to patient: _____

Signature: _____

Date: _____