

DANIEL N. MINCHIK, D.D.S.

148 EAST AVENUE - SUITE 2B
NORWALK, CT 06851

FINANCIAL ARRANGEMENTS AND INSURANCE AGREEMENT

We are committed to providing you with the best possible care. Whatever the type of dental insurance you may have, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your cooperation and understanding of our payment policy.

Payment for services are due at the time services are rendered, unless payment arrangements have been approved, in advance, by our office manager. We accept cash, checks, Master Card, Visa, American Express, and Discover for your convenience. If coverage is with one of the Managed Care Organizations with which we participate (Blue Cross/Blue Shield or Delta Dental), co-payments must be made at the time of the visit. Returned checks will be subject to additional fees. In the event payments are not received by agreed upon dates a 1 ½ late charge (18%) will be added to your account.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. However, you must realize that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract unless it is a Managed Care Organization with which we are affiliated.
2. Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information. PLEASE do not hesitate to ask us. We are here to help you.

Patient/Parent Signature

Date