

# *New Patient Information*

## *Gina Prokosh-Cook, D.D.S. – Family Dentistry*

Payment for services rendered is due in full at the time of service. Our office accepts cash, personal checks and credit cards (Visa, MasterCard and Discover). There is a \$25 returned check fee due and payable from you for each check payment returned to us by your bank.

### *Appointments*

48-hours notice must be provided in the event you cannot keep an appointment. Should you not provide this notice; a cancellation fee of \$25 per half hour will be added to your account.

### *Guardian and United Concordia Subscribers*

As a service to our Guardian and United Concordia patients, we will accept "assignment of benefits" and will bill your insurance carrier. We will also assist you in billing your secondary insurance carrier, if applicable. If an insurance carrier has not paid a claim within 60 days of billing, the remaining balance is the responsibility of the patient. Interest of 24% APR is charged on all account balances over 60 days old. Any unpaid balance over 90 days old will be turned over to small claims court.

### *Out of Network Insurance Subscribers*

The balance is due at the time of service. As a courtesy, insurance forms will be provided. These insurance forms can be submitted for your reimbursement.

### *Divorced/Separated Parents of Minor Patients*

The parent who consents to the treatment of a minor child is responsible for payment of services rendered. Our office will not be involved with separation or divorce disputes.

### *Financial Agreements*

I agree to pay all fees and charges for myself and members of my family shown by statement, promptly and upon presentation thereof. I understand that I am responsible for timely payment of my account, as outlined above. I understand that should it become necessary to use an outside agency to collect payment, I am additionally responsible for any charges that may incur from this.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_