

Pure Dental Care
122 Courtyard Drive
Hillsborough, NJ 08844
(908) 218 7999

Thank you for choosing Pure Dental Care. Our mission is to deliver the best and the most comprehensive dental care available so that you may obtain optimum oral health.

1. Financial Policy

For patients with dental insurance, we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your patient.

INSURANCE: For patients with insurance, we will accept payment directly from the insurance company, but require that the deductible, co-payments, and non-covered fees be paid at each visit.

You are responsible for all copays, coinsurance, deductibles, and non-covered services.

We are obligated to collect your estimated copay at the time of service per your insurance company.

Please understand that we can not waive copays that are required by your insurance. This is a violation of our contracts with the insurance. **Patient is responsible to keep track of the yearly insurance maximum and benefit frequency. If patient yearly maximum is reached, and benefit frequencies has been met, patient is responsible for balance on the account.**

An **ESTIMATE** will be given of the benefits that the insurance company is expected to pay. Remember that this is only an **ESTIMATE** and that the actual cost may vary.

We accept cash, debit card, check, MasterCard, Visa, Discover, American Express.

Pure Dental Care participates with Care Credit for a financing option. Applications can be completed online at www.carecredit.com or in office with the assistance of our receptionists. If approved, print off approval with our account number and bring to your appointment.

An unpaid balance older than 3 months will be forwarded to a collection company.

Payment is due at the time of service.

We charge a \$50 return check fee.

2. Appointment Cancellation Policy

When we make your appointment, we are reserving a room for your needs. We ask that if you must change an appointment, please give us at least 48 hours' notice.

A \$75 charge will be made of failed or cancelled appointment without prior notification of 48 hours.

If you have unsubscribed your self out of our software confirming system you are responsible to remember your scheduled appointment. These fees are not covered by insurance and is therefore the sole responsibility of the patient. Available appointments are in high demand and your early cancellation will give another person the possibility to have access to timely dental care.

3. HIPPA Policy

I have read and acknowledged the Health Insurance Portability and Accountability Act (HIPPA) that was presented to me. A copy of this form is available those that would like one.

I acknowledge I have received and agreed to Pure Dental Care's Payment & Financial Policies.

Signature _____ Date _____