



## Anthony Pinadella, DMD, LLC

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

If we have a contract with your insurance company, we are obligated to charge you their fees. Should you reach your individual maximums, we are still obligated to charge at the agreed fees and you are responsible for payment directly to our office. You are responsible for keeping track of your individual and/or family spending as it relates to your annual maximum. We will do our best to assist you in this effort, but we can only keep track of what treatment was completed in our office. Any co-pays and/or deductibles, are payable by you to our office. We are happy to prepare your insurance claims and submit it directly to your insurance carrier for direct payment to our office. If your insurance carrier should send you the payment directly to you, you are responsible to make payment to our office. If you exceed your maximums and require financing consideration, arrangements should be made prior to treatment otherwise payment is due at the time of service.

If we do not have a contract with your insurance carrier, we will bill you using our office fee schedule. We will gladly prepare all insurance claim forms and submit them for you to the insurance company. You are required to make payment at the time of service and we will have any insurance payments sent directly to you. If you need consideration on a payment plan, arrangements should be made before the service is provided.

If you do not have insurance coverage, we will bill you at our office fees and expect payment at the time of service. If you need consideration on a payment plan, arrangements should be made before the service is provided.

Not all procedures are covered in all insurance plans. These procedures will be billed at the office fees, which are consider usual and customary.

Failure to make payments as identified above, could result your account being referred to collection and you will be responsible for all collection fees and interest in addition to your balance.

It is your responsibility to give the office at least 48-hour advance notice of appointment changes and cancellations. Failure to do so will result in a \$50.00 cancellation fee. If you do not call or show up for a schedule appointment, you will be charged \$100. These charges are due and payable before your next schedule appointment.

We accept cash, check, and credit cards (Visa, Mastercard, Discover, American Express). Returned checks are subject to applicable bank fees. We reserve the right to charge interest rate 1% per month for balances outstanding more than 90 days without payment or financing arrangements being made.

We must emphasize, that all charges are your responsibility from the date of services are rendered. Thank you for your understanding and acceptance of our policy

I have read the above office financial policy and I understand and agree to this policy having had any and all of my questions answered.

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**Patient / Guardian Signature**

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**Date**