



Dr. Romito's

Arlington Family Dental Practice

## Financial Policy Notice and Disclaimer

At **Dr. Romito's Arlington Family Dental Practice, Inc.**, we are committed to providing all our patients the best possible care and services. It's important to us that you have a clear understanding of our financial policies. If you have any questions, please ask any staff member for clarification. Thank you for choosing Dr. Romito's Arlington Family Dental Practice, Inc.

### Personal Payments

Patients are responsible for their charges at the time services are provided. We accept Visa and Master Card, Cash and personal checks with personal identification.

### Patients with Insurance Coverage

Please understand that your insurance is based on a contract between you and your insurance company. The ultimate responsibility for payment always rests with the patient. As a courtesy, we will bill your insurance company for its share of the charges you incur **if current and correct information is provided**. Your share of the bill (your co-pay) is due at the time of service. Please be aware that any bill we send to your insurance company is an estimate only. **You are ultimately responsible for any portion of your bill not covered by your insurance.** In the event that your insurance company determines that any service you receive is "not covered" you are responsible for the **complete fee**. If your insurance company denies, makes less than full payment, or takes more than 45 days to remit payment, you are responsible for the entire balance.

### Financing Options

We are happy to offer our patients, upon application approval, a monthly payment plan through **Care Credit**. Please feel free to request more information about this option.

### Additional Information

There will be an additional charge of \$30 for each invalid or NSF check.