



## GENERAL FINANCIAL POLICY

Full payment is due at the time that dental treatment is performed. We accept cash, checks, Visa, MasterCard, Discover, CitiHealth and Care Credit (health financing partners). We also offer a 5% discount on a complete restorative treatment plan over \$1000, paid in full by cash or check when treatment begins.

I understand that any expected payment from my insurance company is an estimate only and that I am responsible for any portion not covered by insurance. I further understand that no balance shall be carried by Dr. Michael J. Mangino for more than 45 days. If I have a balance after 45 days, I can pay it via the above stated payment options. If payment is not completed as agreed within 45 days and communication has not been made with the business team, Dr. Michael J. Mangino will be forced to begin collection proceedings. Dr. Michael J. Mangino will not be held liable for any damage done to my credit rating.

The patient or guarantor will be held responsible for all costs incurred in the collection of overdue accounts to include legal fees associated with the collection of the debt.

I have reviewed and understand this financial statement. I understand that I will be responsible for the payment of services not covered by insurance. I also understand that I will be responsible for legal and collection fees associated with collection of this debt. Please let us know if you have any questions or concerns. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

I \_\_\_\_\_ agree to this financial policy.

Date \_\_\_\_\_