

## **Robert J. Demboski, D.D.S., Inc.**

### **Financial Policies**

Dr. Robert Demboski and his team are pleased to have you as a patient, and welcome you to our office. We believe it is important that you are aware of our payment policies prior to your treatment. This will help to avoid any future misunderstandings.

All professional services will be billed to your insurance company *as a courtesy*.

You will need to provide all insurance information for the purpose of filing claims. Payment in full is your responsibility regardless of insurance.

It is your responsibility to know the contents of your insurance plan, as we do not always have access to this information.

You will be responsible for payment to Robert J. Demboski D.D.S., Inc. at the time services are rendered.

You will be responsible for contacting your insurance company to help resolve any issues.

If your insurance company fails to make a payment to Robert J. Demboski, D.D.S., Inc. after three (3) attempts to obtain payment, you will be responsible for payment in full regardless of your dental coverage.

The parent of minor children bringing the child to the appointment is responsible for making payment at the time of service. (Minors arriving without a parent can not be seen without signed consent)

*There is a \$45 charge for missed or cancelled appointments with out 24 hours notice given to the office.*

**All co-pays and deductible are due at time of service.**

I understand and agree to the above Financial Policies of Robert J. Demboski, D.D.S., Inc.

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Signature of Responsible Party

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Date