



Dennis S. O’Leary, DDS PC
Family & Cosmetic Dentistry

Office Financial Policy

Our goal is to provide you and your family with the finest dentistry available. In this spirit, we have developed affordable services that, when performed on a timely basis, can avoid more costly procedures later. For your convenience, we would like you to review our financial policy. This will provide you with clarity in the administration and payment of your dental expenses as you are treated.

Insurance

If you have dental insurance we will accept your insurance as payment and submit your insurance claim provided that we can verify your coverage at the time of your visit. Any co-payments or deductibles are due at the time of service. We submit your insurance as a service to you. If there are any payment issues with your insurance company we will assist you in the resolution, but ultimately you, the patient, are responsible for all charges incurred in our office.

Cancellations

We make a special effort to provide you and your family with a pleasant experience. This involves reserving a specific time for you to receive care. Should you need to break your appointment, please let us know 24 hours in advance. These time slots are very expensive with the rising costs of healthcare. If you break an appointment without advance notice, you will be responsible for paying a \$50 cancellation fee before you will be seen by the dentist.

Payments Accepted

We accept VISA, MASTERCARD, DISCOVER, and AMERICAN EXPRESS as well as personal checks and cash.

We Are Here to Serve You and Your Family

This financial policy helps us keep the cost of administering dentistry down and allows us to keep dentistry affordable. With preventive care and a good health partnership, we can achieve total dental health. Please assist us as our partner by following our policies. Please let us know if you have any questions.

Thank you and welcome to our practice!

Dr. Dennis S. O’Leary and staff

I have read and understand this Financial Policy and agree to the above terms.

Patient/Parent/Guardian Printed Name

Patient/Parent/Guardian Signature

Date

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