

**Amy G. St.Germain, D.M.D., P.C. & Candace Katz, D.M.D., P.C.**

**10 Pleasant Street East Longmeadow, MA 01028**

Dear Patient:

As of September 1<sup>st</sup>, 2015 we have made some changes to our office's financial policies procedures and protocols. In efforts to adhere to the transparency and hipaa laws it is now required by law that we obtain a copy of a picture id as well as insurance card to keep on file. Our goal here at Dr Amy's is to become completely paperless by end of 2016! Please take a moment to review our financial policy below so that we may avoid any concerns in the future. Thank you for your patience and understanding during this transition.

1. **10% Discount** – Cash discount If paid in full DOS & **10% DISCOUNT**
2. **CREDIT CARD PAYMENT:** We accept Mastercard, Visa, Amex and Discover.
3. **CARE CREDIT:** This program offers 18 or 24 month interest- free payment plans depending on the dollar amount of your treatment. A brief confidential credit application is necessary.
4. **CO-PAYMENTS ON INSURANCE:** Insurance co-payments are due at time of service. We will submit to your insurance and wait for payment. ALL CO-PAYMENTS are ESTIMATED and NOT a guarantee of payment. If there is any balance after insurance, this will be your responsibility.
5. **CANCELLED OR MISSED APPOINTMENTS:** Cancelled or missed appointments without 24 hours notice will result in a \$30.00 charge.
6. **RETURN CHECK FEE:** Any returned check will result in a \$25.00 or \$30.00 RTC fee (Depending on bank)

**TIME** is as important to us as it is to you. We strive to stay on schedule and appreciate your arriving on time for your scheduled time. We make every effort to remind you of your appointment and we ask for your cooperation in respecting everyone's time.

I, \_\_\_\_\_ have read this document and understand the policies stated herein. By signing this form, I accept responsibility for my account.

Signature \_\_\_\_\_ Date \_\_\_\_\_