

Bharati J Bedi DDS. PC  
280 GREENBELT PARKWAY  
HOLTSVILLE NY,11742  
(631) 472-1832

## Dental Office Policies

### Finacial Policy

Non-Insured patients are expected to pay cash, credit or debit card the same day for the services, unless specific arrangements are made in advance.

For those patients covered by insurance, we will accept assignment of benefits. This means you must sign the portion of your insurance form that assigns payment to our office. Most policies **do not** cover 100% of the cost of your treatment. Because of this and extreme delay in receiving payment from the insurance company, you will be asked to pay the deductible , if any and your portion of the charges the day the service is rendered. We will estimate as closely as possible your coverage but until we actually receive the payment from the insurance company, it is just an estimate. We will assist you in dealing with the insurance company, but ultimately the responsibility lies with you. If after 45 days the insurance company hasn't paid the balance will be due in full by you.

(Does not apply to Medicaid and plans under Medicaid managed care plans)

### Missed Broken Appointment Policy

We understand that there may be certain circumstances that do not allow you to keep your appointment. However, we have set aside time for you. This means that no other patient will be scheduled at this time. When you do not show up or cancel at the last minute this means the office has downtime when we could have scheduled someone else who needed to see us. Please be considerate and give us at least 2(two) business day notice if you cannot make your appointment. Missed appointments are \$50.00 without 24-48 Hrs notice is given.

( Does not apply to Medicaid and plans managed under Medicaid managed care plan patients

### Privacy Policy

We will use and disclose health and personal information about you only for treatment, payment and healthcare operations. You will be provided an opportunity to review the Notice of Privacy Practices.

If you have any questions feel free to ask them at any time. We wish to be of assistance in any way we can.

Patient /Guardian

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

Print Name \_\_\_\_\_ Patient Birthdate \_\_\_\_\_