Jeffrey M. Pivor, D.D.S.
495 Connecticut Avenue
Norwalk, CT 06854
203.838.3321
jpivordds@yahoo.com

Office Financial Policy

Our office has formulated this financial policy that clearly outlines patient and practice financial responsibilities. We are committed to providing our patients with the best care and minimizing administrative costs. This policy has been established to avoid any misunderstandings or disagreement concerning payment for professional services.

New Patients

Welcome! Please bring insurance coverage information, including the insurance company's name, policy number, group number, and mailing address. Please be advised that payment in full is expected for your first office visit.

Method of Payment

Our office will accept payment using cash, check, or credit card.

Private Pay

Patients who do not have dental insurance are expected to pay for professional services at the time of your visit, unless prior arrangements have been made with us.

Insurance Coverage

Our office will file the charges with your insurance carrier. If you have questions concerning your dental insurance coverage, it is your responsibility to contact your employer or insurance company for details.

As a courtesy to our patients, we will accept assignment from your insurance company. In most cases, the insurance company will generally pay this office directly and you need pay only deductibles, co-insurance amounts, and non-covered services at the time of your visit. If, however, a problem occurs with this office receiving payment from your insurance company, you are ultimately responsible for the full bill. Any balance unpaid by the insurance carrier after 90 days from the date of service will be your responsibility, and payment will be expected promptly.

We will provide you with the information about the services performed so that you may file directly with your insurance company.

If you prefer to file your own claims with your insurance company, payment is expected at the time of the visit and the necessary claim forms will be provided to you.

Broken Appointments
A fee of $50 per half hour will be charged for a broken appointment, if 24 hours notice (48 hours for appointments 1 hour and longer) is not given. Please call as soon as possible if you need to change your appointment.

Separated & Divorced Couples with Dependent Children
It is the policy of this office to bill the parent that brings the children in for their dental treatment. If you are not the person financially responsible for your child's account, prior arrangements must be made with the responsible party before any dental treatment is provided. For your convenience, we can provide a treatment cost estimate before your scheduled appointment.

Payment Plans
Payment plans with no interest and extended payment plans are available for those who qualify. Ask our office manager for more details about *CareCredit.*

Overdue Accounts
All balances must be paid promptly. Finance charges may by charged on overdue account balances 60 days overdue, at *1.5%* per month or 18% annually. Overdue accounts may be turned over to a collection agency at our discretion when a good-faith effort is not made to pay the balance. All legal fees or other costs incurred by this office to collect a debt are the responsibility of the patient.

Returned Checks
A service charge of $25 will be charged for returned checks.

Summary
If you have any questions regarding these issues, please contact our office as soon as possible. We look forward to helping your family achieve and maintain optimal dental health.

Your signature below signifies that you understand and agree to adhere to our financial policies as written.

_____	_____	_____
Signature of Responsible Party	Patient(s) Name(s)	Date