



GIULIANO & GIULIANO, D.D.S., P.C.

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In order to keep the cost of dental treatment down we have instituted some new office policies. If you have any questions about this or any other policies, we will be pleased to discuss them with you. We value you as our patient and will continue to provide you with our best professional care.

Insurance Benefits

As a courtesy to our patients we will process accepted insurance claims and you should authorize the insurance benefits to be paid directly to us. You are financially responsible for all deductibles, copayments, usual and customary fees, noncovered and or disallowed services by your insurance carriers. Please check with your carrier regarding your coverage. It is to your benefit to be well informed to prevent having to pay for a service. If you do not inform us of any insurance changes or noncovered services you will be financially responsible for the services rendered. We will do our best to help you understand your insurance coverage.

Financial Policy

Because of the high cost of extending credit we must request that all patient's balances be paid the day treatment is rendered. Cases with an outstanding patient balance will not be completed until final payment is received. We realize this can be a problem for some of our patients and offer various choices. We accept Visa or Mastercard and for those who may need to spread the payments out we offer CareCredit. CareCredit has several options including interest free payments. Returned check fee \$25.00.

Canceled or Missed Appointments

During the last year there has been an increasing tendency for patients to schedule appointments and then fail to keep them. Effective May 2002, it will be the policy of this office to charge a fee per 1/2 hour of missed appointment time. This pertains to those appointments that are canceled with less than 48 hours notice and those appointments that are missed without any notice. The cost of broken appointments is borne by us all. We are aware that most patients are responsible and we value that type of patient. We emphasize respecting your time and taking care of your needs. We would like the same respect in return.

Cancellation Fees are as follows
\$80.00 per hygiene appointment
\$50.00 per 1/2 hour doctor appointment

Again, if you have any questions about these or any other policies we will be pleased to discuss them with you. We thank you for allowing us the opportunity to serve your dental needs.

SIGNATURE _____ DATE _____