

Pittsford Family Dental, P.C.

Mark Conners, DDS | Ann Calamel, DDS | Karly Polka, DDS | Allison Cohen, DDS
Lisa Friscano, DDS, MS | Vincent Vella, DDS | George Levine MD, DDS

Your Name: _____ Your Date of Birth: ____/____/____

Who is responsible for your out-of-pocket dental expenses? Self Other

If self, what is your Social Security #? _____ - _____ - _____

If other, what is the name of the responsible party? _____

Social Security # of the person financially responsible: _____ - _____ - _____

Email address to send statements: _____

Please list any other family members that the above person is financially responsible for:

If you have Dental Insurance, please answer the following questions:

Name of person that carries the Dental Insurance: _____

This person's Date of Birth: ____/____/____

This person's Social Security #: _____ - _____ - _____

This person's employer: _____

Name of Insurance Company: _____

Member ID#: _____ Employer Group#: _____

Insurance Company's phone #: (____) _____ - _____

In an effort to prevent any misunderstanding, we have set forth this financial policy:

1. Full payment is expected at the time of service unless other arrangements are made.
2. When major services that involve lab work are performed (e.g. crowns, onlays, dentures, etc.), 50% is due upon preparation, and the balance is due upon insert.
3. A service charge of 1.5% per month on any unpaid balance(s) will be charged after 30 days.
4. If an appointment is broken or cancelled with less than 24 hours notice, a charge of \$50.00 will be applied to your account.
5. Returned checks are subject to a \$20.00 service charge.
6. It is understood and agreed that in the event that any outstanding balance has to be referred to a collection agent or attorney for recovery, the patient will be fully responsible for any costs, including but not limited to attorney's fees.

By signing below, I attest that to the best of my knowledge, the information provided is true and accurate. I understand and accept this financial agreement as set forth above.

Print Name

Signature

Date