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Written Financial Policy.

Thank you for choosing Ridgecrest Dental. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Insurance: As a courtesy to our patients with dental insurance, we are happy to work with your carrier to maximize your benefits and directly bill them for reimbursement for your treatment. **We can only estimate what your insurance carrier will reimburse. Any unpaid portion of the total billed amount remains your responsibility.** Furthermore, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

Payment Options:

- *Mastercard, Visa, Discover, Cash or Check
- *No Interest Payment Plans from CareCredit: Subject to credit approval

Please Note:

Ridgecrest Dental requires payment upon to the completion of your treatment.

* I understand that the fees estimated for all dental care can only be extended for a period of 90 days from the date of the last patient examination.

*A \$10 billing fee will be charged if co-pay is not received at time of service.

*A fee of \$50 is charged for patients who miss or cancel with less than 24 hours notice.

*Ridgecrest Dental charges \$30 for returned checks.

***Accounts that are more than 60 days past due will be charged 1.5% monthly, 18% annually. If the account is turned over to a collection agency, the debtor will be responsible for all collection fees.**

If you have any questions, please do not hesitate to ask. We are here to help you get the dental care that you want or need.

I have read the above conditions of treatment and payment and agree to their content. I further authorize the payment of insurance benefits directly to Ridgecrest Dental as allowed by my policy.

_____ Date _____

Patient, Parent or Guardian Signature

PRINT NAME

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