



CHRISTOPHER G. STUZYSKI, D.D.S.

Office and Financial Policy

This office is committed to providing you with the best possible care and in doing so, your clear understanding of our office policy is essential. Please do not hesitate to ask questions regarding this policy since good communication is important to us all.

Payment for Services

Payment in full is due at the time of service. We accept cash, personal checks, Visa, Mastercard, and Discover. A returned check will be subject to a \$35 fee.

Payment in full is due at the time of service.

Insurance

Dr. Stuzynski is an out-of-network provider for most insurance companies. However, we do accept a limited number of PPO dental plans. Please contact our office to confirm whether your specific plan is accepted.

If you have a PPO plan that we do not participate with directly, you may still be eligible for partial reimbursement from your insurance provider for out-of-network services.

As a courtesy, we will submit insurance claims on your behalf and provide all necessary documentation to help you receive the maximum benefits available under your plan. However, please note that coverage estimates are not guarantees of payment. Once a claim is submitted, your insurance provider may pay less than estimated or deny the claim entirely.

You are ultimately responsible for payment of all services.

Please note: We are not able to mediate or become involved in any disputes between you and your insurance company.

Appointments

We have a system in place that sends out several reminders via text message and/or email leading up to your scheduled appointment. In addition, we call patients that have not responded, to try and confirm their appointments. We value both your and our time, and want to make every effort to ensure you are aware of your upcoming appointment.

Late Arrivals

If you arrive late for your scheduled appointment, we will do our best to accommodate you. However, appointments may be shortened or rescheduled to avoid disrupting other patients.

Arrivals more than 15 minutes late may be considered a missed appointment.

Cancellations and No-Shows

We require at least a 48-hour notice for all appointment changes or cancellations. If 48 hours notice is not given or you fail to show for your scheduled appointment, you will be charged a fee of \$100 for the time we have lost. Patients who continue to cancel or no-show will result in:

Suspension of scheduling privileges.

Possible dismissal from the practice.

Emergency Exceptions

We understand that emergencies happen. Please contact us as soon as possible if you cannot attend your appointment due to unforeseen circumstances. We will evaluate each situation on a case-by-case basis.

Billing

Accounts with an outstanding balance will receive a statement via email and/or mail and payment is due within **30 days** of the statement date. A 1.5% monthly finance charge (18% annually) will be applied to any unpaid balances **after 30 days**. If your balance remains unpaid after **90 days**, your account will be considered delinquent. The account will be referred to a collection agency and subject to additional collection fees.

Thank you for taking the time to review our office policy. If you have any questions, please ask one of us prior to signing this form.

Patient's Name: _____ Date: _____

Patient's or Parent's/Guardian's Signature: _____