

**FINANCIAL POLICY FOR;
JOSEPH SNYDER, DDS, PC**

1. If we participate (in contract) with a commercial insurance plan under which you are covered, we will bill the carrier for all charges for services rendered. As a courtesy, we will also bill your secondary insurance. We will adjust payments according to your contracted primary plan. You will be responsible at the time of service for payment of:
 - a. Any balance not paid by insurance company after 30 days
 - b. The annual deductibles
 - c. Co-payments
 - d. Charges for non-covered or some cosmetic procedures
 - e. Any remaining balance after primary and secondary insurance payment

PATIENTS ARE RESPONSIBLE FOR KEEPING THEIR INSURANCE INFORMATION CURRENT AND CORRECT! Any changes in insurance will be the patients responsibility to inform Dr. Snyder's office.

In the event that we are not aware of a charge that is not covered by your plan, you will billed for the balance after we receive a denial from your insurance carrier.

PLEASE NOTE: ACCEPTING AN INSURANCE CARRIER IS NOT THE SAME AS BEING IN CONTRACT WITH AN INSURANCE CARRIER. PLEASE ASK IF YOU HAVE ANY QUESTIONS.

2. Patients without dental insurance that pay with check or cash will receive a 10% discount at time of appointment.
3. Depending on the procedure, we may require one half at the beginning, and remaining half before the end.
4. We accept most credit cards. We also accept Care Credit. We will explain Care Credit and will help with the application process.
5. **PATIENTS ARE REQUIRED TO GIVE 24 HOURS NOTICE OF CANCELLATION OF APPOINTMENTS. IF 24 HOURS IS NOT GIVEN WE WILL BILL PATIENT A FEE FOR THE VISIT. A "NO SHOW" PATIENT WILL BE BILLED FOR THE APPOINTED VISIT.**

Signature

Date