

NEW TOWN DENTAL

10 S. MAIN STREET
MULLICA HILL, NJ 08062
856-233-1945

Financial Policy

Patient Name _____

Responsible Party _____

Address _____

Phone (home) _____ Phone (cell) _____

E-mail address _____

Thank you for choosing New Town Dental. Our goal is to deliver the best and most comprehensive dental care available. The cost of your treatment will vary, depending on your individual needs and treatment plan. We will discuss the cost of your treatment and each of your available payment options with you before you begin, so you can make the best choice for you. We want to make it as easy as possible for you to receive the best dental care when you need it.

Affordable Payment Options to choose from:

Cash, Check, Visa, MasterCard, Discover Card, or American Express

Convenient Monthly Payment Plans from Care Credit (subject to approval). Care Credit is a healthcare credit card with low or no interest charges.

For patients with dental insurance we are happy to work with your carrier to maximize your benefits. We accept most insurance plans and will need a copy of your insurance card to confirm your eligibility coverage and benefits.

I hereby assign any benefits to which I may be entitled to New Town Dental.

The patient / guardian agrees to be fully responsible for payment of procedures performed in this office, including any treatment not a covered benefit with the insurance company.

Please be advised that this office will charge interest at the rate of 1.5% per month (18% annual percentage rate) on all accounts 60 days past due. We will also charge a \$25.00 late fee per month when payment arrangements are not met. There will be a \$35.00 handling fee for any returned checks. In the event your account is turned over to a third party for collections, the patient agrees to be responsible for reasonable collections fees which are agreed to be 33 1/3% of outstanding accounts receivables.

Patient, Parent, or Guardian Signature.

Date