

Fili Dental LLC

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2225 N. Jerusalem Rd. East Meadow, NY 11554

516-481-4111

Office Financial Policy

Total payment for treatment is due upon completion of treatment. Most insurance benefits can be assigned to the office toward treatment costs. Fili Dental LLC *is not* employed by any insurance company. Patients are responsible for all information that pertains to their policy. *Insurance estimates are estimates only* and can be changed by your carrier at their will. *Please be advised that you are ultimately responsible for the entire treatment balance.* Most insurance carriers *do not* cover 100% of treatment costs, you are responsible for all co-pays.

Any balance after *60 days* is subject to a *1.5% interest charge per month or 18% annually* thereafter.

Collection costs: If you are in default under this note and Fili Dental LLC demands full payment, you agree to interest on the unpaid balance at the rate stated above. If Fili Dental LLC has assigned your account to an attorney, you agree to pay 25% of the unpaid balance plus interest for the attorney's fees and will pay court costs. Also, you agree to pay 25% of the collection agency fees of the unpaid balance plus interest, if your account is assigned to a collection agency.

Office Cancellation Policy

Appointments missed without 24-hour notice for weekday appointments, and 48-hour notice for Saturday appointments will be charged a cancellation fee of \$50 per half-hour missed.

Patient/ Guarantor: _____

Thank you,

Fili Dental LLC