

Samuel Romano, D.M.D.
120 Park Avenue, Madison, NJ 07940
973-377-7088

Financial Policy Statement

Payment for all procedures is due in full at the time of service. Payment may be made by cash, check or credit card. We also offer an extended payment plan through an independent company.

As a courtesy, we will file claims with your primary insurance provider. Full payment is still due at the time of service, and we will submit claims indicating that the insurance check be sent directly to you.

For Hygiene Maintenance Visits, estimated co-payments will be your responsibility at the time of service and we will submit the insurance claims on your behalf with benefits being sent to us.

We have different policies for specific companies due to the nature of the insurance company. Delta Dental patients will pay no co-payment at Hygiene Maintenance Visits, but will pay 50% of all other fees at the time of service, with any remaining balance due after insurance payment is received. Blue Cross Blue Shield patients will pay in full for all services, including Hygiene Maintenance Visits, at the time of service.

If you have secondary insurance, it will be your responsibility to submit those claims.

You must understand the policy you own; therefore, you may need to contact your insurance company or your human resources department for specifics on your policy. Each policy is different so you should get details regarding the percentages paid for services and the maximum yearly benefits allowed. It is important to understand that not all necessary recommended dental treatment is covered by insurance.

If we do not receive payment on a claim within 60 days, the claim will be deleted and full payment for services will be your responsibility.

Confirmation and Need to Change Appointment Policy

In our practice, we assist patients with their responsibility to keep their appointments. **Our standard policy is to send email and/or text confirmations 2 weeks prior to an appointment, but patients can choose the method they prefer.** Please indicate your preferences below. For children's appointments, please indicate which parent should receive the confirmations. (Check all that apply):

Email only Text only Email and text No reminder needed

Email address: _____

Phone number for text: _____

Phone number for personal phone call: _____

Parent to be contacted for children's appointments: Mother Father

Appointment time is reserved for you and we faithfully try to respect your valuable time by seating you promptly so we ask that you are on time to your appointments.

As long as we receive 48 hours notice of your need to change your appointment, there will be absolutely no charge. Should we not hear from you at least 48 hours prior to your scheduled appointment, there will be a \$100.00 charge for your missed appointment.

I certify that I have read the Financial Policy Statement, Confirmation and Need to Change Appointment Policy and Notice of Privacy Practices and understand their content.

I understand that these policies apply both to myself and any other family members, minors or dependents.

Patient (or patient's representative) signature

Date