

**DR. PHILLIP D. KATZ**  
156 W. COLUMBUS ST.  
PICKERINGTON, OH 43147  
(614) 837-4506 PHONE  
(614) 837-0192 FAX

## **FINANCIAL POLICY**

### **PAYMENT OPTIONS**

We desire to make dental treatment affordable to all of our patients and make every effort to fit your care within your budget and schedule. Therefore we offer the following financial options:

1. **5% Cash Discount** – offered for payment IN FULL (24hrs prior to appointment) with check or cash at the start of treatment. Patients 65 years and older receive an additional 5% senior courtesy discount.
2. **VISA /MASTERCARD/DISCOVER/AMERICAN EXPRESS** (Discount of 3% for payment in full at start of treatment.)
3. **Patients with Insurance** – your estimated out-of-pocket (co-pay) is due at the time of treatment. An updated statement will be sent after insurance has responded.\*
4. **Patients without Insurance** – Payment for dental services are due at the time of treatment.
5. **Other** – for patients requiring extensive treatment, payment options including exterior financing (dental line of credit) or short term in-office payments based on prior credit approval can be discussed.

*\*A finance charge of 1% per month (with a minimum re-billing fee of \$5.00) is applied to all account balances after 90 days.*

#### **FOR OUR PATIENTS WITH DENTAL INSURANCE:**

*Because we understand that dental insurance plays a role in helping defray some of the costs of dental care, we would like to share with you the following facts about dental insurance.*

*Dental insurance is not meant to be a pay-all...it is meant only to assist in paying for your dental care. Dental insurance plans have no correlation to actual patient needs. As such, many routine and necessary dental services are not covered, even though you may need those services. Our responsibility is to provide you with the best treatment to meet your needs, not to try to match your care to insurance plan limitation.*

*Many plans actually pay less than what you might expect. The benefits your plan pays are largely determined by how much your employer or union pays in premiums for the plan. We are happy to submit your claims and help you to receive the maximum benefits due you, but please understand that we cannot accept responsibility for collecting an insurance claim, or for negotiating disputed claims.*

**I hereby assign to the dentist all payment for dental services rendered. I have read and understand the above financial policy. Regardless of insurance coverage, I am responsible for payment of all dental fees for myself and/or my dependents within 90 days. There is no guarantee of refund based on treatment outcome.**

**I authorize Dr. Phillip D. Katz to furnish information to insurance carriers concerning treatment for myself or my dependents. I understand that a check of my credit history may be obtained by Dr. Katz in order to ascertain in-office financing options.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_