

**Hoffman Family Dentistry, PLLC  
Stacy L. Hoffman, D.D.S.  
6932 Williams Road, Suite 1900  
Niagara Falls, NY 14304**

**PAYMENT POLICY**

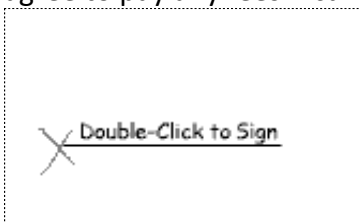
The following is our office policy regarding payment for services rendered:

- Payment is due in full at the time of service for those who do not have dental insurance.
- For patients with dental insurance, co-payments will be due the day of service.
- Personal checks, cash, and credit cards (VISA and MASTERCARD) are accepted.
- Multi visit procedures (for example: crowns and dentures) require partial payments:
  - o Half of the balance is due at the start of treatment.
  - o The remaining balance is due when the final crown or denture is received.
- Checks returned for insufficient funds will be assessed a \$25 fee.
- There is a \$25 fee for missed appointments without 24 hours notice.

Dental Insurance:

- It is your responsibility to provide us with current, accurate information regarding your benefits. We need a current copy of your insurance card.
- We will gladly accept payment directly from the insurance company. We will either collect a co-payment the day of the procedure or bill you for any difference, which will be due the next billing cycle (about 30 days).
- Be advised that not all insurance carriers will forward payments directly to us. In this case, full payment is due at the time of service, and the insurance company will reimburse you.
- To avoid any misunderstanding regarding benefits for extensive treatment, we will file a PRE-DETERMINATION to the insurance company. While this is not a guarantee of payment from the insurance company, it is the most accurate assessment of benefits payable.
- Be aware that any benefits payable are determined by the contract between your employer and the insurance company, not the dentist. We will do everything possible to assure you receive every benefit that you are due.

In the event of non-payment by the guarantor, and the account is transferred to any agency for collection, I agree to pay any fees incurred.



Patient signature