

***Downtown Dental Syracuse, P.C.***

120 E. Washington Street  
University Building, Suite 101  
Syracuse, New York 13202  
315.422.0894

*"Our proud mission is to deliver the finest and most comprehensive dentistry available. We are proud of, and feel confident that we provide an environment where our clients can experience dental procedures using reliable and safe methods under the care of our dedicated and experienced staff and doctors. We continue to seek expertise in all areas of dentistry, and our ongoing dedication to the advancement of dental health and education is our daily mission."*

We know that everyone has different financial situations and concerns. That is why we have developed payment options to meet those needs. **Payments for services rendered are due at the time of service**, including the calculated patient portion not covered by your insurance policy, deductibles, UCR differences, and co-payments. We will gladly process your insurance claim as a courtesy, we will follow-up and resubmit the claim once, however payment in full is due within 60 days of the date of service. Please inform our office of any changes to your insurance as they occur. **Please make yourself aware of any co-payments due prior to making an appointment for services.**

**Payment Options**

We accept:

Cash, Money Orders, Personal Checks, MasterCard, Visa, and American Express

We offer:

*CareCredit* for clients that need to make monthly payments to cover their entire family's dental health needs. *CareCredit* approval can be established in less than 10 minutes. There are interest free and low fixed rate options available with no annual membership fees. Monthly payments as low as 3% of the outstanding balance are available upon credit approval.

**Practice Policies**

**Minors with two separated or divorced parents:** The parent that brings the child to this practice is responsible for all payments for the child's care regardless of who carries the insurance or how the decree is written. We will provide receipts necessary to collect payments from the opposite parent as a courtesy.

**Returned Checks:** There will be a \$50.00 fee when a check is returned to us for NSF or non-payment.

**Fees Associated with Collections:** We work hard to help you keep your account with us in good standing, however if your account is placed with our third party collections professionals, all fees associated with the process will be added to your outstanding account balance.

**Short Notice Cancellations and Broken Appointments:** We understand and forgive our clients the first time they are unable to keep a pre-arranged appointment in our practice. However, a \$50.00 fee will be placed on the accounts of clients that no-show or cancel without giving us the courtesy of 24 hours notice beyond that. We appreciate 48 hours notice in order to offer the appointment time to a client in need of immediate dental care. **Please make appointments that work for you to avoid fees associated with changes.**

I acknowledge receiving a copy of this statement, and I have read and understand the entire content herein and agree to it's terms:

**Signature of Client (or parent, if minor child)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Print Name** \_\_\_\_\_