

**Joseph N. Natoli, D.M.D.**  
*Cosmetic, General & Implant Dentistry*  
188 Fries Mill Rd., Suite M-5  
Turnersville, NJ 08012  
Telephone: 856-262-0600

Financial Policy

We are committed to providing you with the best possible care. If you have dental insurance we will submit the necessary forms in order to get you the maximum allowable benefits. We will gladly discuss your proposed dental treatment and answer any questions relating to your insurance. Please note that although we try to give the closest estimated co-payment we can, it is never a guarantee of benefits. Therefore, if your insurance denies payment after services are rendered, then you are responsible for any balances. In order to achieve our goals we need your assistance. If your insurance information changes, please contact us so that we may change your records in our office.

**Payments are due at the time services are rendered, unless other arrangements have been made.** We accept cash, check, Visa, MasterCard & Discover. Accounts will be charged a \$30.00 fee for returned checks.

As a courtesy, we call to confirm appointments the week prior to scheduled appointments. Please note that if we are unable to reach you with this courtesy call, it is still your responsibility to keep your scheduled appointment. When you make an appointment with us, we reserve a block of time especially for you and only you. If you do not appear for your appointment, that block of time is wasted and unavailable to someone else who is waiting for our care. There will also be a \$50.00 charge for appointments missed or cancelled without 24-hour advance notice. These fees are the responsibility of the patient and cannot be billed to their insurance company.

We must emphasize as dental care providers, our relationship is with you, not your insurance company. We can assist you in explaining general insurance questions; **however, specific questions regarding your dental plan should be directed toward either your employer or insurance company.** While filing of insurance claims is a courtesy we provide for our patients, all charges are your responsibility from the date the services are rendered. If for any reason outstanding accounts are forwarded to a collection service, then additional collection fees will be incurred. We realize that temporary financial problems may affect timely payments of your account. If this should occur, we encourage you to contact us promptly to manage your account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

HIPAA/Privacy Practices Acknowledgement

I am aware of the Notice of Privacy Practices and I understand that it is available for my review upon request.

Signature \_\_\_\_\_ Date \_\_\_\_\_