

**BENJAMIN S. SCHNEIDER, D.M.D**  
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**Hatboro, Pa 19040**  
**(215)443-5400**

## **FINANCIAL POLICY**

Thank you for choosing the Schneider Dental Family as your dental care providers. We are committed to providing the best possible dental care in a friendly environment. Please understand that payment of your bill is considered as part of your treatment as it enables us to continue to provide our services. The following statements explain our financial policy which we ask you to read prior to your treatment.

- 1) All patients should provide accurate and complete insurance information prior to been seen by the doctor or hygienists.
- 2) All applicable co-pays, co –insurance, and personal balances are due at the time of service.
- 3) For your convenience, we accept cash, check or credit cards.

### **REGARDING INSURANCE**

We participate with a variety of dental insurance plans including MetLife, Delta Dental, Tricare (Ucci), UCCI-national fee for service, and Dentemax. Please inquire about coverage for your predetermination of benefit requirements.

### **MISSED APPOINTMENTS**

In order to provide the best service and availability to our patients, we ask that you provide us with 24 hours advance notice if you cannot keep your scheduled appointment. If you miss an appointment without notifying our office in advance, we reserve the right to charge \$25.00(or more depending on the type of appointment) for the missed appointment. This fee is not covered by insurance so it would be your responsibility.

### **CO-PAY BALANCES**

Payment for co-pays is expected at the time of service as required by your dental insurance carrier. Large procedures requiring several appointments will be expected to pay 1/3 down (making the appointment – to hold the appointment time), 1/3 payment on the first appointment and 1/3 payment half way through the treatment.

### **RETURNED CHECKS**

For checks returned to us unpaid for insufficient funds, we will charge a \$30.00 fee.

I have been given a copy of the Schneider Dental Financial Policy and I have read, understand and agree to comply with the terms of the policy.

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