



YORKTOWNE DENTAL FAMILY PRACTICE
2851 Eastern Blvd. York, PA 17402
Telephone: 717 757-9614

GENERAL PRACTICE

Leonard C. Bentivegna D.M.D.
Jack C. Bentivegna D.M.D.
David S. Bluestone D.D.S.

ORTHODONTICS

Kristin Connors D.M.D.
Manish Lamichane D.D.S.
Timothy Snyder D.M.D.

Financial Policy Statement

☐ PARTICIPATING DOCTOR

Yorktowne Dental Family Practice will file the forms to insure you receive the full benefits of your policy. However, Yorktowne Dental, does not guarantee quotes. All quotes are **ESTIMATES** based on expected treatment and expected insurance coverage, not actual treatment and/or actual insurance coverage.

Yorktowne Dental Family Practice will accept an assignment of benefits from your insurance company with the following understanding:

- The Guarantor (the person responsible for the account) is ALWAYS responsible for the entire balance of the account.
- The Guarantor understands that any deductible and/or co-payment will be satisfied at the time the service is rendered.
- Yorktowne Dental will apply any proceeds received from a patient's insurance company to their account balance.
- The Guarantor is required to notify Yorktowne Dental of any changes of insurance carrier and/or insurance coverage.
- The Guarantor will pay to Yorktowne Dental, within 10 days of notice, any balance on the account which is a result of:
 - The insurance company's inadequate payment. This may include any portion of a deductible or an underestimated co-payment.
 - The patient not scheduling to complete a multi-appointment treatment.
 - The patient's failure to cooperate to provide information required by their insurance company to process a claim.
 - Any eligible claim not paid by the insurance company 60 days after the date of service.
- Yorktowne Dental is not responsible to track a patient's yearly maximum.
- Yorktowne Dental is not responsible to determine or verify the patient's eligibility.

☐ NON-PARTICIPATING DOCTOR

Yorktowne Dental Family Practice, as a courtesy, will submit the insurance forms necessary to insure you receive the full benefits of your insurance policy. However, Yorktowne Dental, does not guarantee any quotes. All quotes are **ESTIMATES** based on expected treatment and expected insurance coverage not actual treatment and/or actual insurance coverage.

Yorktowne Dental Family Practice may accept an assignment of benefit, in lieu of payment in full at the time of service, with the following understanding and conditions:

- The Guarantor (the person responsible for the account) is ALWAYS responsible for the entire balance of the account.
- The Guarantor understands that any deductible, estimated co-payments or differences between the insurance company's UCR and Yorktowne Dental's fee schedule will be paid at time the service is rendered.
- The Guarantor is required to notify Yorktowne Dental of any changes of insurance carrier and/or insurance coverage.
- The Guarantor will pay to Yorktowne Dental, within 10 days of notice, any balance on the account which is a result of:
 - The insurance company's inadequate payment. This may include any portion of a deductible, underestimated co-payments and differences between the insurance company's UCR fee and Yorktowne Dental's fee schedule.
 - The insurance company not paying a claim within **60 days**
 - The patient not scheduling to complete a multi-appointment treatment.
 - The patient's failure to cooperate to provide information required by their insurance company to process a claim.





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- Having to resubmit a dental claim to an insurance company as a result of inaccurate information supplied by the patient/responsible party.
- Yorktowne Dental is not responsible to track a patient's yearly maximum or to determine or verify the patient's eligibility.
- Yorktowne Dental will apply any proceeds received from a patient's insurance company to their account balance.
- Yorktowne Dental can withdraw its position to accept the assignment of benefits at any time and for any reason.

☐ FEE FOR SERVICE

Payment in full is expected at the appointment dental services are rendered. The practice may accept the following:

Cash or check or money order

Visa or Mastercard or The Discover Card

Payment plan – Once a treatment plan has been developed, presented and accepted by the patient, Yorktowne Dental may assist the patient in securing a payment plan.

The account guarantor understands that quotes are **ESTIMATES** based on expected treatment not actual treatment.

The account guarantor understands that the amount will remain a fee for service account until Yorktowne Dental is notified of change by guarantor.

In the event an account is turned over to an attorney or any other collection agency, for collection, I agree to pay all costs of collection, including but not limited to court costs and reasonable attorney fees.

I acknowledge that no employee of Yorktowne Dental Family Practice has the authority to modify or change the terms of this financial statement and that I am bound by the terms hereof.

Guarantor's Full Name (Print)

Guarantor's Signature

Date

I will be the account Guarantor for the following individuals:

Name (Print)

Date

Guarantor's Initials

Name (Print)

Date

Guarantor's Initials

Name (Print)

Date

Guarantor's Initials

Name (Print)

Date

Guarantor's Initials

For Office Use only

Patient given copy. Initials _____ Date _____

Patient is:

☐ FEE FOR SERVICE

☐ PARTICIPATING DOCTOR

☐ NON-PARTICIPATING DOCTOR

