



Aaron T. **Roan**, D.M.D.
& Associates

Family & Cosmetic Dentistry

2590 PARK CENTER BLVD., STE 100 STATE COLLEGE, PA 16801

#814-234-6826

OFFICE FINANCIAL POLICY

PAYMENT IS DUE at the time services are rendered. For your convenience we accept cash, Visa, MasterCard, Discover, American Express, personal checks, money orders or registered checks.

Insurance benefits are determined by your employer and not your dentist. Our office participates with: Penn State United Concordia, Advantage Plus Plan with United Concordia, Guardian, School Claims, Delta Dental Premier, Cigna and Blue Cross Dental. **Any deductible or estimated co-payment amount will be due at the time of treatment.** For all other insurance companies, with which we do not participate, **full payment is expected at the time of service and insurance reimbursement will be sent to the patient.**

Insurance is not a guarantee of payment; they will not pay for all your costs. Your insurance policy is a contract between you and your insurance company. Your insurance and payment are still your responsibility. As a courtesy we will be glad to file your claim for you if you bring: 1) your dental insurance wallet card and 2) all required employer information. You will be expected to pay for services rendered if this office is unable to verify your insurance information before treatment.

If payment for services already rendered has not been paid in full within 30 days, either by you or your insurance company, the remaining balance for treatment is considered due and collectible from you.

We reserve the right to charge, and collect, fees for Broken Appointments – appointments that are cancelled or broken without 48-hours advance notice. Appointments are reserved exclusively for you.

Returned Check Fee of \$25.00 will be added to your account balance and is collectible.

Payment plans and financial arrangements can be entered into for comprehensive dental treatment, prior to commencing treatment.

I have read and understand this financial policy.

PRINT NAME

SIGNATURE

DATE