

# Benjamin M Benzio DMD PC

3137 HWY 9 WEST | CHERAW SC, 29520 | (843) 537-9044

## Written Financial Policy

Thank you for choosing Benjamin M Benzio DMD PC at Cheraw Family Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

### Payment Options:

Our office accepts:

- Cash or check, Visa, MasterCard, American Express or Discover Card
- Special financing options with convenient monthly payments are available with the CareCredit healthcare credit card
  - This allows you to pay over time with no annual fee

Please note:

- Benjamin M Benzio DMD PC requires payment when treatment is rendered. If you choose to discontinue care before treatment is complete, you will receive a refund.
- For larger treatments of \$600 or more, a \$100 deposit is required to secure your treatment appointment. It will be non refundable if you miss your appointment or reschedule with less than a 24 hour notice.
- For patients with dental insurance, we are happy to work with your carrier to maximize your benefits and directly bill them for reimbursement for your treatment. If the insurance carrier refuses payment, or does not pay within 90 days, it will be the patient's responsibility to pay for services. If the account balance is not paid within 60 days, a 1% service charge will be added to your account. If payment is not received in 90 days, the account will be turned over to a collection agency.
- A fee of \$30.00 is charged to patients on the second failed and/or cancellation appointment with less than 24 hours notice of an appointment in a 12 month period. A third no show and/or cancellation with less than a 24 hour notice may result in dismissal from the practice.
- Medicaid insured patients will be dismissed from the practice after 2 No Show appointments within a 12 month period.
- Benjamin M Benzio DMD PC charges \$35.00 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

I have read and understand the financial policy for Cheraw Family Dentistry.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)