

2106 West Landis Avenue
Vineland, NJ 08360
856-692-1370



1055 North Pearl Street
Bridgeton, NJ 08302
856-455-7785

Steven L. Rasner, DMD, MAGD
Combining the Art and Science of Dentistry

Dental Financial Policy

We at Dr. Rasner's office are proud to be part of a team whose primary mission is to deliver the finest and most comprehensive dental care available today. In order to assist you with your healthcare investment, we offer the following payment options. We accept cash, personal checks with the current date, major credit cards, debit cards, and third party financing through *Care Credit*, *Lending Club*, and *GreenSky Financing*. Payment is due at the time of service.

As a courtesy to our patients, we are happy to file insurance claims on your behalf. We will make every reasonable effort to collect covered amounts from your dental insurance carrier. Deductibles, copayments and non-covered amounts are due at the time services are rendered. All insurance estimates quoted are based upon information provided to us by your carrier and are estimates only; they are not a guarantee of payment. The patient is ultimately responsible for all charges incurred.

Insurance companies are required by law to pay claims within 30 days. After 60 days, any unpaid claims will be resubmitted by our office, and we ask that you follow up as well. After 90 days, we ask that you pay in full and seek reimbursement from your carrier. We will be happy to provide any information or documentation to support your claim. Our first and only priorities are our patients and the quality of our care. The negotiation of benefits is between you, your employer, and your insurance carrier.

Please feel free to ask our team about options to help with your financial responsibilities. We offer plans through *Care Credit*, *Lending Club*, and *GreenSky Financing*. We will be happy to help you get started.

I have read the above. I understand and agree to these terms. I hereby authorize the release of any dental information necessary to process insurance claims. I authorize the payment of benefits directly to Dr. Steven L. Rasner.

Signature

Date
