Office Payment Policy

Payment for services rendered may be made by cash, check, credit or debit card. For more extensive treatment you may choose to have payments automatically billed to your credit card on a monthly basis. There will be a $35 fee for any check returned from the bank for non-payment. Any unpaid balances will be subject to late fees and may be assessed collection fees up to 40% by our office or outside collection sources.

Insurance Information

Our goal is to assist you in utilizing your insurance benefits. Dental insurance plans vary widely in covered services. We encourage you to become familiar with your plan exclusions, provisions, waiting period, deductibles and co-payment.

As a courtesy to you we file your insurance and wait for payment of your benefit to our office ("assignment of benefits").

We require payment at the time of service for fees not covered by your plan.

If we are unable to obtain reimbursement from your plan, you agree to accept responsibility for payment of any unpaid balance.

Please inform our office of any change in employment or coverage.

I authorize Ross I. Heisman, D.D.S., P.C. to release any necessary information to my insurance carrier and authorize benefits to be paid directly to the office. I understand that I am responsible for any unpaid balance.

Signature_____ Date_____
(to be used as "signature on file" for insurance purposes)

Privacy Practices

I consent to the use of my protected health information for the purposes of carrying out treatment, consultation with specialists and billing my insurance company on my behalf. This information will ***not*** be shared with any other party for any other purpose unless I direct you to do so.

Signature_____ Date_____