

**Michael F Grasso, DDS**  
**2 West Drive, Suite 120, Chesterfield, MO 63017**  
**636-777-7700      www.mfgrassodds.com**

### **Financial Policy And Responsibility Agreement**

Thank you for choosing us as your dental care provider. We are committed to providing you with the best technology available for diagnosing and treating your dental care needs in a safe and comfortable environment.

The following explanation is intended to promote a better understanding of our financial policy and to develop a comfortable relationship between patient and doctor. Prior to starting any treatment at Michael F Grasso, DDS, you are required to read and sign this policy.

After a comprehensive evaluation, the doctor will present an explanation of his/her findings, provide a detailed treatment plan, and give you an estimated fee for the proposed dental treatment. The doctor will answer any questions that you may have regarding your treatment. Our financial coordinator will discuss payment options to assist you in fulfilling your financial obligations.

#### **Payment Options~**

In our ongoing effort to provide a high level of professional care and keep treatment costs down, we accept the following:

- Cash
- Personal Checks
- MasterCard, Visa, Discover, American Express
- Outside Financing: We participate with a company that will finance your dental work with approved credit. This allows you to complete your dental work without delay and make relatively small monthly payments. Some of the plans, depending on the amount and length of time financed, provide a no-interest, same-as-cash benefit. Our financial coordinator is Ronda Dorsett. Ronda will be happy to help you by answering any questions and providing appropriate application information.

#### **Patients With Dental Insurance~**

Dr Grasso is a "non-participating-provider" in any and all HMO dental plans that limit the amount of reimbursement. It is your responsibility and obligation to verify your insurance coverage and assume responsibility for payment of all procedures you elect to have done. Dental insurance benefits are provided through an agreement between you and your insurance company and/or employer. This benefit reimburses you for treatment fees you have paid the doctor. Ultimately, you are responsible for full payment of all charges on your account. This includes deductible amounts, co-insurance (patient portion), and procedures not covered by your insurance plan. We expect payment for these amounts on the day services are rendered. Please understand that dental insurance coverage is not a substitute for your financial obligation to Dr Grasso. As a courtesy, and to expedite reimbursement, we will file your insurance claims electronically. If necessary, we will assist you in obtaining a pre-determination of dental benefits prior to major treatment.

#### **Patients Without Dental Insurance~**

Payment for all procedures is due at the time of service. Prior to starting major reconstructive and/or cosmetic treatment, our financial coordinator will discuss a payment schedule for these procedures. Dental treatment is unique to each patient and a complete understanding of your treatment and scheduled appointments is very important. Our financial coordinator will discuss payment options to assist you in fulfilling your financial obligations.

## **Responsibility Agreement**

I hereby agree to pay all amounts due on my account as service is rendered. I hereby assign all dental benefits, inclusive of all private insurance and/or other health plans with dental coverage, to Dr Michael Grasso and/or his associates.

I fully understand that I am financially responsible for all charges on my account whether or not they are covered by or paid by my dental insurance company. To determine liability, secure payment, or obtain reimbursement, I authorize disclosure of my dental/medical records and release of all information from said insurance company.

If there is a balance due on my account after receipt of insurance payment, I agree to pay the full amount of the balance within 10 days of receipt of the billing statement. If my balance is not paid in a timely and monthly manner, I will pay any and all collection, court and attorney fees in the collection of my account. If a check or debit is returned for insufficient funds, I will be charged no less than \$25.00.

If Michael F Grasso, DDS does not receive insurance payment within 60 days of filing my insurance claim, I agree to pay the full amount of the claim within 10 days of receipt of the billing statement. Dr Grasso will reimburse any and all payments received by my insurance company within 10 days of receipt of the payment. If an outstanding balance remains on my account, Dr Grasso will apply this insurance payment to my balance and refund the remaining credit on my account.

I will honor my payment agreement relating to any and all dental procedures that have been pre-approved by the financial coordinator at Dr Grasso's office. These arrangements relate to payments due at the beginning, during, and completion of the procedures outlined in my treatment plan.

All appointments are scheduled and reserved exclusively for you. A \$75.00 no show or last minute cancellation fee may be charged to patients who fail to provide our office this 48 hour cancellation notice. Please call our office within office hours to make changes to your appointment.

Thank you for trusting us with your dental care. Any questions may be directed to our financial coordinator. She can be reached at (636) 777-7700 during our regular business hours

**I Have Read The Above Financial Policy And Agree To Comply With All Of The Terms And Conditions. I Understand That I Am Responsible For All Costs Of Procedures Performed On Me by Dr. Michael F. Grasso.**

I prefer to be contacted by one or more of the following:

- Telephone at work (permission to leave a message or voice mail)
- Cell phone (permission to leave a voice mail)
- Telephone at home (permission to leave a voice mail)
- E-mail
- I prefer NOT to be contacted at all, please show all of my appointments confirmed on the day I schedule them.