



Dr. Karen Bergonio

**55 Old Nyack Turnpike, Suite 103, Nanuet, NY 10954
845-623-0710**

**307 Boulevard, Hasbrouck Heights, NJ 07604
201-257-8452**

Written Financial Policy

Thank you for choosing Dr. Karen Bergonio. Our primary mission is to deliver the best and the 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 payment options.

Payment Options:

You can choose from:

-Cash, Check, Visa, MasterCard, American Express or Discover Card
Or Convenient Monthly Payment Plans. Subject to credit approval, from CareCredit.

- Allow you to pay over time
- No annual fees or pre-payment penalties
- Up to one year interest Free

Please Note:

Dr. Karen Bergonio requires payment prior to completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

We accept payment in thirds for treatments over \$1000. For plans requiring more than 3 appointments, Alternative payment arrangements may be provided. For larger, more comprehensive treatment plans of \$2000 or more, a 50% deposit is required to secure your initial treatment appointment.

We also offer in-house financing for treatment over \$1,000.00.

Any account with balance over 30 days and are without an established current payment plan will be send to a collections agency. Your will be responsible for all fees charged by collection agency.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. *However, if we do not receive payment from your insurance carrier within 30 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.* **We will gladly process your claim but we request that you pay your estimated portion when services are rendered.**

A fee of \$20.00 is charged for patients who miss or cancel more than 1 time in calendar year without a 24 hour notice.

Dr. Karen Bergonio Charges \$30 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.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)