

STEPHEN C. MALINCONICO, D.M.D.

Family • Cosmetic • Implant Dentistry

770 Orange Street
New Haven, CT 06511
Telephone: (203)624-2280
Fax: (203)624-0143

Financial Policy:

1. Payment is expected at the time of service.
2. Financial arrangements must be made if payment in full each visit is not possible.
3. If financial arrangements are not kept there will be a finance charge of 1.5% month (18 annually) added to your account.
4. **Insurance:** As a courtesy our office files dental insurance claims. It is important to remember that as your provider we can only file claims on your behalf. The benefits belong to you and all insurance arrangements are between you and the insurance company's responsibility. We do accept assignment of benefits and the patient's portion is to be paid on the day of service. If there is an insurance credit, a refund will be sent to you promptly.
5. We accept cash, check, debit and Mastercard/Visa. We also have available to you; CitiCard and Care Credit (No interest for up to 1 year).
6. **Broken Appointments:** Due to our patient-friendly policy, we must emphasize the importance of keeping any appointments you make here. In the event that a situation arises and you simply cannot keep an appointment, we ask you to give us 48 hours notice, or minimally 24 hour notice. Less than 24 hour notice cancellations will be charged a fee of \$40 per half hour of reserved time.

I have read and understand and accept the above financial information.

X _____
Signature

Date