JOHN F. COMO DDS/PC

140 Lockwood Avenue, Suite 209 New Rochelle, NY 10801

Financial Agreement & Cancellation Policy

The following document outlines our Financial Agreement and Cancellation Policy, ensuring an understanding of our payment procedures and guidelines for appointment cancellations while you are under the care of John F. Como, D.D.S., P.C.

Payment is due in full on the day of your appointment

Unless other arrangements have been made prior to scheduling treatment.
We accept the following forms of payment:

- Check Payment
- Cash
- Credit/Debit Cards (MasterCard, Visa, Amex & Discover)

Fees- Finance Charges & Insufficient Funds
It is essential to address any billing concerns promptly to avoid incurring additional charges.

- *Finance Charges apply for Balances Over 60 Days:* In order to maintain efficient administrative operations and ensure timely payments, please be aware that a finance charge of 1.5% per month (18% annual percentage rate) will be applied to all outstanding balances that remain unpaid for more than 60 days after the date of service.

- A minimum fee of $25 will be charged in the event of non-sufficient funds **(NSF)** per occurrence.

For our patients with dental insurance plans:

- John F. Como, D.D.S., P.C. is an out-of-network dental provider, meaning he does not participate in any dental insurance networks, Medicare, Medicaid, or dental discount plans.
- We are happy to assist you with claim submissions to your insurance carrier if you have available insurance benefits.
- Please note that all fees are the direct obligation of the patient, and it is the patient's responsibility to verify coverage and requirements with their dental insurance carrier.
- Our ongoing commitment is to our patient's safety, for most office visits there is a $15.00 Protective Equipment Fee.
- Should your insurance carrier request additional information/x-rays to process your claim submission, please do not hesitate to contact us.

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Appointment Cancellation Policy

We ask that you please arrive on time for your scheduled appointment and if you are running late, please call the office at 914-632-1111 to inform us. Likewise, we understand that occasionally, unexpected circumstances may arise necessitating cancellation.

- No-shows & cancellations of less than ***24 hours in advance*** will incur a missed appointment/cancellation fee.

- *Patients scheduled with our **Hygienists**:*
  A **$100.00** missed appointment/cancellation fee will apply per occurrence.

- *Patients scheduled with **Dr. John F. Como**:*
  A **$200.00** minimum missed appointment/cancellation fee will apply per occurrence.

We value our patient relationships and strive to provide the best possible care and service. If you have any questions or require further clarification regarding our financial or cancellation policies, please do not hesitate to reach out to us. Thank you for entrusting your dental care to John F. Como, D.D.S., P.C.

By signing below, you acknowledge that you have read and understood the Financial Agreement & Cancellation Policy and agree to abide by its terms.

Patient Name: _____
(Please Print)

Patient Signature: _____ Date: _____
(Parent/Guardian Signature if patient is a minor)