



SEEMA NARANG, DDS
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IMPORTANT POLICY NOTICE REGARDING INSURANCE & PAYMENT:

We will file your insurance as a courtesy to you and will accept "assignment of benefits" on your behalf. Regardless of what we may calculate your insurance company will pay, it is only an estimate. The financial obligation for dental treatment is between you and this office, and is not between this office and your insurance company.

We will do all we can to get the maximum benefits reimbursed for you. But, please be aware that some of the services provided may not be covered or may be considered above "usual and customary". You are responsible for payment of your account.

We have flexible payment arrangements, but expect those arrangements to be discussed at the time of your visit. We can accept the following methods of payment:

- _____ Cash
- _____ Personal check
- _____ Credit Card (Visa, MasterCard, Amex, Discover)
- _____ Automatic Monthly payments to your credit card
- _____ Care Credit (As us about this healthcare credit card with flexible payment plans)

Please indicate your preferred method of payment above.

I understand the above payment policy:

(Patient Signature)

Print your name: _____ Date: _____