BIALY
CENTER FOR ORAL SURGERY
ALEXANDRA M. BIALY, DDS
Optimal Care for Adults and Children

FINANCIAL POLICY

We welcome you to our office and assure you that you will be receiving the very best oral surgery care available.

The following is our financial policy:

1. Payment is expected at the time of service.
2. As a courtesy we will file your insurance claim for you. You will be expected to pay your estimated portion. After insurance has settled and there is a remaining balance you will be responsible to take care of that balance within 30 days of the statement being issued.
3. Please inform us of any changes in your dental insurance before each appointment.
4. We offer Care Credit, which is a financing company for dental care. Please ask our front office staff for additional information regarding this option.
5. There is a $150.00 fee for missed or canceled appointments with less than 48 hours of advanced notice.
6. Returned checks and balances older than 30 days will be subject to collections and fees associated with the collection process.
7. Our office accepts cash, Visa, MasterCard, Discover, and Care Credit cards. At this time our office does not accept personal checks.

I understand and accept this financial policy.

Signature_____ Date: _____

P: 847-985-9322
BialySurgery.com