

DR. BRIAN GURINSKY'S PAYMENT POLICY

Dental practitioners are particularly vulnerable to problems related to non-payment and delinquent accounts. For this reason, we have established the following payment policy, which is designed to minimize such problems while ensuring the lowest practical cost for services rendered:

- **New patients there is always an exam fee. We accept cash, check, Care Credit and all major credit cards. As a patient with insurance, we will be happy to file your claim with your insurance company, but you are ultimately responsible for any amount the insurance company does not pay.**
- **As a continuing patient with insurance, we will be happy to file your claim with your insurance company, but all required co-payments must be paid at the time of service. Any payment due Dr. Gurinsky from your insurance company will become your immediate, personal responsibility if not received within 60 days of us filing your claim.**
- A payment will be deemed to be past due at any time at which any portion of said payment remains unpaid for more than 60 days past its due date. \$20 late fee will be applied after 60 days.
- Past due payment status will result in interest charges being applied to your total outstanding balance at the rate of 1.5% per month (18% per annum), retroactive to the date upon which service was provided, and until such time as your entire outstanding balance is paid in full.
- You will be deemed to be in default of any extended payment arrangement that has been made, at any time at which any portion of any payment relating to said arrangement remains unpaid for more than 60 days past its due date. As such, and without further notice to you, your total outstanding balance will be due and payable in full within not more than 10 (ten) days thereafter, after which time Dr. Gurinsky may at his sole discretion refer your account for collection at your expense and/or exercise any other lawful remedy available to him in collecting what you owe.
- **In the event that your account is referred for collections and/or is subject to other lawful measure employed by Dr. Gurinsky in collecting what you owe, a collection fee of up to 30% of the unpaid principle balance may be assessed to your account. The patient or guarantor agrees to pay all costs of collections, court cost, and reasonable attorney's fees.**
- Appointments require a minimum of **48 hours notice** to cancel in order to avoid a \$75 cancellation fee.
- **We require a non-refundable, \$100 deposit for surgical appointments in order to secure your appointment.**

Thank you very much for choosing Dr. Gurinsky as your Periodontist. Your cooperation in adhering to the above policy is very much appreciated.

I have read and considered the above Payment Policy; I understand it and agree to all of its provisions:

Signed: _____
(Patient)

Date: _____