

Tenafly Dental Spa | Dr. Julia Igdalev | Dr. Igor Igdalev
2 Dean Drive, 3rd Floor Tenafly, NJ 07670
(201)541-4002

FINANCIAL POLICY FOR PARTICIPATING INSURANCE COMPANIES

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our FINANCIAL POLICY, which we require you to read and sign prior to any treatment.

ALL PATIENTS MUST COMPLETE OUR INFORMATION AND INSURANCE FORM BEFORE SEEING THE DOCTOR.

YOUR PATIENT PORTION IS DUE AT THE TIME OF SERVICE
WE ACCEPT CASH, CHECKS, CREDIT CARD OR CARE CREDIT

REGARDING INSURANCE

We will accept assignment of your insurance benefits at the time of your visit(s). However, we do require your patient portion at time of service. The adult accompanying a minor, or guardians of the minor, is responsible for payment. For unaccompanied minors, a signed letter from the parent or guardian is necessary and non-emergency treatment will be denied unless payment by cash, check, credit card or CareCredit at time of service has been verified.

LONG APPOINTMENTS

Appointments necessitating an hour long or longer appointment will require a reservation deposit of 1/3 of the appointment fee to schedule. Because our doctors are reserving this time especially for you, we request a financial commitment to the doctors for this appointment when reserving.

THANK YOU FOR UNDERSTANDING OUR FINANCIAL POLICY, PLEASE LET US KNOW IF YOU HAVE ANY QUESTIONS OR CONCERNS.

I HAVE READ THE FINANCIAL POLICY. I UNDERSTAND AND AGREE TO THIS FINANCIAL POLICY.

SIGNATURE OF PATIENT OR GUARDIAN

DATE

SIGNATURE OF CO-RESPONSIBLE PARTY

DATE