

**Oral and Implant Surgery of Northern Westchester, P.C.**  
**Dr. Gary Rosenfeld**  
**Office Policy and Financial Agreement**

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our office and financial policies are important to our relationship. Please ask us if you have questions about our fees, or your financial responsibility.

**Participating Insurance Co-payments and deductibles:** All applicable co-payments and deductibles are due on the day of your surgery. We do not balance bill you for this. We will provide you with an estimate of what this anticipated amount will be prior to your procedure. While we make every effort to collect the appropriate fee specified by your insurance plan, the payment of such fees is ultimately the responsibility of the insured individual. Any adjustments will be made once a claim has processed.

**Non-Participating Insurances and Self-Pay Patients:** For those patients who do not have insurance, or who are insured through a company we are not contracted with, **payment is expected in full** at the time of your visit, unless prior arrangements have been made, or a Pre-Treatment Estimate of Benefits has been obtained from your insurance company. If your insurance company sends the check directly to us in error and you have paid the balance, we will reimburse you immediately.

**Medicare:** Dr. Rosenfeld is not a Medicare provider and therefore cannot submit claims to Medicare on your behalf. We do offer a 10% Senior Citizen discount for our Medicare patients.

In an effort to provide you with flexible payment arrangements, we offer the following payment options. Please indicate your method of payment for today:

- Payment by Cash
- Payment by Check
- Payment by all major Credit Cards

\_\_\_\_\_  
Print name of person financially responsible

\_\_\_\_\_  
Signature of person financially responsible

Date: \_\_\_\_\_