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Financial Policy

This document explains our policies regarding the financial aspects of your care and how your dental insurance will apply to your account. Financial arrangements other than those indicated below will need to be discussed and approved by our front desk and/or the Doctors prior to treatment.

ALL FEES ARE DUE AND PAYABLE IN FULL WHEN SERVICES ARE PERFORMED UNLESS SPECIFIC ARRANGEMENTS HAVE BEEN MADE AND AGREED UPON PRIOR TO TREATMENT. FOR MAJOR RESTORATIVE CASES HALF DOWN IS EXPECTED AT THE TIME OF PROCEDURE. ACCOUNTS WILL BE TURNED OVER TO A COLLECTION SERVICE IF OVER 90 DAYS PAST DUE.

We accept cash, personal check, money order, visa, mastercard, discover and American express.

FOR OUR PATIENTS WITH INSURANCE:

Please understand that insurance companies generally offer many different policies in a given geographical area. The patient/guarantor is liable for knowing the specifics of their policy. Our front desk will be glad to send pre-estimates and assist you with determining your benefits. We abide by, but do not control, the fee structure and general policies that these companies require for participation and to maintain provider credentialing. All co-payments and "non-covered" amounts (non-covered services, services that exceed the patients yearly maximum and contract specific exclusions) will be due and payable in full on the day services are preformed.

FOR OUR PATIENTS WHO HAVE POLICIES WITH COMPANIES WE DO NOT PARTICIPATE WITH:

Most insurance companies that we DO NOT participate with will pay us directly. You will be responsible for what they do not cover on the day services are preformed. If your insurance company pays you directly you are responsible for bill in full on the day services are preformed, unless other arrangements have been made.

Patient Name: _____ Date: _____

Patient/Guarantor Signature: _____