



OAKLAND PERIODONTAL ASSOCIATES
PERIODONTICS
DENTAL IMPLANTS

JAMES H. MEYERS, DMD
JEFFREY S. MANNING, DMD

FINANCIAL/CANCELLATION POLICY

Welcome! Thank you for selecting our office as your periodontal provider. Our goal is to provide you with optimal dental care. We want you to feel welcome and as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our financial policy.

FINANCIAL AGREEMENT: Patients are expected to pay for our services in full on the same day they are rendered. Payments may be made using cash, check or any type of debit/credit card.

We also offer CareCredit, which is a third-party financing option that is available only for healthcare expenses. By arrangement with CareCredit, we can offer patients (upon approval) an interest-free six-month loan with NO down payment, NO annual fee, and NO prepayment penalty. You may apply on CareCredit.com.

INSURANCE: Our office is out of network with all insurance companies. Most insurances cover only a portion of the total cost, have a deductible/maximum per year and plan guidelines/limitations that determines coverage. As a courtesy, we submit claims for our patients. Our patients who have dental insurance will be reimbursed from the insurance or our office directly, depending on who the insurance pays. Claim processing can take approximately 4-8 weeks. As the patient, it is your responsibility to be familiar with your benefits and to keep us up to date with your insurance information. Our doctors diagnose treatment based on your dental health not your insurance coverage.

APPOINTMENTS: To serve you better, we try to maintain an efficient schedule. However, our cost of providing care increases greatly when patients fail to keep their scheduled appointments or cancel at the last minute. We require **at least 24-hour notice** for any cancelled appointment. After two missed/cancelled appointments, you will not be rescheduled.

*Please keep in mind that we have a long cancellation list of patients that would gladly take your appointment if you cannot make it. So please be courteous to us and our other patients.

YOU MUST REALIZE: Dental procedures can uncover further issues, which may require additional treatment that was not part of the original treatment plan. In this case, we will make you aware.

*Please indicate your understanding and acceptance of these financial policies by signing below.

Patient's Name (please print) _____

Patient's/Guardian's Signature _____

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