## Rinaldi Family Dentistry, LLC 226 Broadway Bangor, PA 18013 610-588-5151

## Financial Policy

Thank you for choosing Rinaldi Family Dentistry for your dental needs. Our primary mission is to deliver comprehensive, comfortable, and affordable treatment to each of our patients. Payment for service is

I understand and agree that all s further understand that I am personally completed will be immediately due and with this contract, reasonable attorney computation of the amount due. Finance will be added to any account date past for collections, all collection fees will	responsible for payment. If I term d payable. If the fees for profession fees, finance charges and disburse ce charges are applied at the rate of 60 days of service. Further, if you	nal services are not paid in accordance ments will be included in the f 1.5% per month, \$25 delinquent fees
	Cash Check Credit Card Care Credit	
Please choos	se how you will be paying for toda	y's service:
ompanies. Our fees may be different from participate with your insurance compour insurance company, the balance differently for the patient and the patient is	pany, we will adjust the research pany, we will adjust the response for treatment will be your responsible for the account of the responsible for the responsible for the account of the responsible for the account of the responsible for the responsible	dingly. If we do not participate with nsibility. All services will be charged ount regardless of insurance coverage
you have dental insurance:		
eatment plans a 25% deposit is required		larger, more comprehensive ppointment.