

Jessica Y. Chen, DDS, MS, 2070 Lyell Ave., Suite 200, Rochester, NY 14606

Financial Policy

Payment is expected at the time services are rendered, unless other arrangements have been made prior to the service.

We realize that your time is valuable and we will strive to always run on time as to minimize waiting. Please realize that our reserved chair time is also valuable to us. There will be a charge of \$50.00 for each missed appointment. If you find that you must cancel your scheduled appointment please give us 48 hours' notice in advance to avoid the charge of \$50.00.

If you have insurance coverage or assignable insurance, we require that you pay any deductibles, co-payment, and fees over your yearly maximum—as well as non-covered services, if applicable—at the time of service. Our staff will be happy to work with you to provide an estimate of your insurance coverage and the payment due on or before your appointment.

Most insurance companies will respond to claims within four to six weeks. Please call our office if your statement does not reflect payments made by your insurance company during that time period. Any balance that remains after your insurance has paid its portion, is your responsibility. Please be sure to read your insurance coverage booklet and forms carefully. If you doubt whether your procedure is covered, please check with your insurance company.

If you do not have insurance coverage or assignable insurance, payment is due in full on the day of service.

We will send you a monthly statement. Your prompt remittance is appreciated. ALL ACCOUNTS MUST BE PAID IN FULL WITHIN NINETY (90) DAYS from the date of service. If processing of your claim has been delayed, we request your assistance in expediting the process. After 90 days, your outstanding balance is due regardless of the status of your insurance claim. Often time your inquiry to your insurance company will speed up your insurance reimbursement.

For your convenience, we accept Visa, Master & Discover Card. We also accept cash or a personal check drawn from a local bank. There is a \$35.00 fee for a returned check. We also accept Care Credit to help you finance your care. Please ask our staff if you are interested or click Care Credit for an application.

From time to time we will adjust our fees. All the fees are subject to change without notice.

We will ask you to sign a financial responsibility statement reflecting acknowledgment and understanding of this policy at your initial office visit .

If you have any question regarding your account, please contact us at (585) 865-4674. Many times, a simple telephone call can clear up any misunderstanding.