

**FAIRPORT FAMILY DENTAL**

**Mary Ann Panara, D.D.S.**

83 South Main Street  
Fairport, NY 14450  
585-223-9323 Fax 585-223-0702

**Jeffrey P. Panara, D.D.S.**

We are committed to providing you with high quality dentistry and our fees reflect our professional commitment to excellence. For the convenience of our patients, we accept the following:

**Personal Checks and Cash:** Are always welcome.

**Bankcards:** We accept Visa, Mastercard and Discover.

**Payment Plans:** Available through Care Credit and Citi Health Card.

**Insurance:** Co-payments will be estimated and due at time of service. As a courtesy to our patients, we will submit all necessary information and bill your insurance company. Please understand that you are financially responsible for any outstanding balance for services provided that are not fully covered by insurance and will be billed for any remaining balance. Please take the time to understand your insurance policy.

**Emergencies:** First time patients will be seen on a cash basis unless the insurance coverage can be verified.

**Cancellations:** If you are unable to keep an appointment, we ask that you kindly provide us with a minimum of two-business days notice. All changes in your scheduled appointment **must** be handled during our regular business hours. This courtesy on your part will make it possible to give your appointment to another patient who needs to see the dentist or hygienist.

**Returned Checks:** There is a \$20.00 fee for all returned checks.

**Service Charges:** Accounts over 90 days are subject to a 1.5% interest per month fee. It is therefore advised that you follow-up with your insurance to expedite the payment process.

**Collections:** Any fees incurred as a result of turning a delinquent account to collections will be the responsibility of the account holder.

**Business Office Hours:**  
Monday 8:00 AM ó 4:30 PM  
Tuesday 8:00 AM ó 4:00 PM  
Wednesday 8:00 AM ó 4:30 PM  
Thursday 7:00 AM ó 3:00 PM (March ó December)  
8:00 AM ó 4:00 PM (January & February)

**I consent and agree to be financially responsible for payment of all services rendered on my behalf or on behalf of my dependents (if any).**

**I have read, understand and agree to the above Office Policies and Financial Agreement.**

Signature \_\_\_\_\_ Date \_\_\_\_\_