

**Benjamin D. Oppenheimer, DDS
2000 EGGERT ROAD
AMHERST, NY 14226**

PATIENT PAYMENT POLICY

I understand that Dr. Oppenheimer's office will not bill me for dental work and as such payment is due at the time of service.

If I do not have dental insurance, payment for services is expected at the time of my appointment and I may be entitled to a discount for payment in full.

If I have dental insurance assistance, I will be expected to pay my co-payment at the time of your appointment. This amount is usually 20% to 50% depending on the type of procedure performed, plus any required insurance deductible.

I understand that dental insurance does not completely pay for all of my dental needs. It is used as a supplement and as a policyholder I will be responsible for a portion of each procedure's fees. Preventive care (cleaning and exam) is **sometimes** an exception and **may** be paid in full by certain insurance companies.

I understand that at each dental appointment I will be making a payment for dental work completed that day. I further understand that the office can arrange third party financing for those who qualify.

I have read and completely understand Dr. Oppenheimer's payment policy.

Signature _____

Date _____