

## Bagoff Levenbrook Dental Arts

Robert M. Bagoff, DMD  
Steven M. Levenbrook, DDS  
405 Northfield Avenue, Suite #202  
West Orange, NJ 07052  
(973)-325-9000  
www.BagoffDentalArts.com



### Office Financial Policy

**Patients Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**In order to serve you better, we ask that all the financial information be completed prior to seeing the doctor.**

#### **Regarding you bill/insurance:**

Payment is expected at the time of service. We will bill your insurance and mark “make payment to patient” unless other arrangements have been made. Payment plans are available for up to three months. Financing is also available with a prevailing rate of interest; please ask for a truth-in-lending statement. Please see front desk to assist you in the most convenient choice.

\_\_\_\_\_ **(Please Initial)**

Your bill is your responsibility. Your insurance policy is a contract between you and your carrier. We are not party to that contract. Please note: Pre-authorizations are not an absolute agreement by your insurance carrier to pay the amount shown. It is an estimation of benefits (EOB) only. This is clearly stated on the form the insurance carrier sends you.

\_\_\_\_\_ **(Please Initial)**

We will always send your insurance forms within 24 hours electronically. We do not charge any additional fee to fill out these forms. If your insurance carrier has the service available, we will send the claims electronically, via the internet, within 24 hours of the service billing date. It is your responsibility to contact your insurance carrier within 48 hours, to make sure they have received the claim. If they have not, please contact us and we will reissue it immediately.

\_\_\_\_\_ **(Please Initial)**

When you have paid your bill, all insurance forms are clearly marked pay to patient. If your carrier chooses not to pay you, please call them and register your complaints.

We will provide you with a treatment plan for dental work to be done. A copy will be given to you, and one will remain in your chart. We ask that you sign this document. This only shows that the plan was presented, and is in no way an obligation to do the treatment.

We are all committed to providing you with the best treatment that we can. We wish all our arrangement to be as clear as possible. If you should have any questions, please do not hesitate to ask at your earliest convenience.

Thank you for understanding our **Office Financial Policy**.  
I have read this document and agree to the **Office Financial Policy**.

---

Signature

---

Date