



# Connecticut Family Dental Group

## Family and Cosmetic Dentistry

*Dominic L. Fusco III, DMD*  
*Joseph S. Ciarcia, DMD*  
*Dawn M. Fusco, RDH, MA*

### Payment Policy

We are committed to providing the best possible dental care. Our fees reflect our professional commitment to excellence. In order to achieve these goals we need your assistance and understanding of our payment policy.

**\*\*Ultimately it is you the patients responsibility to know what your insurance benefits are. We do our best as a courtesy to estimate what your benefits will be however, it is ultimately the patients responsibility to know what your insurance covers. \*\***

**\*\*Payment arrangements are requested before your visit. \*\***

#### **Please check one of the following payment plans:**

\_\_\_\_\_ Payment by cash or check or credit card if any balance remains after insurance has paid

\_\_\_\_\_ Automatic monthly billing to your Visa, MasterCard, Discover, or American Express  
(By choosing this option, you agree to have a copy of your credit card on file and allow Connecticut Family Dental Group to bill you on the date of your choice.)

Name on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ EXP: \_\_\_\_\_ CVV: \_\_\_\_\_

\_\_\_\_\_ Monthly payment plan-Care Credit\*

**\*\*\*By not selecting an option above, defaults to automatic payment by credit card after insurance is cleared.**

\*Care Credit—We are a participating partner with CareCredit. Applications are available for you to complete in the office or you may go online to [WWW.CARECREDIT.COM](http://WWW.CARECREDIT.COM) to apply. If approved, print off the approval with your account number and bring to your appointment

\*\*Please Note— You are responsible for any portion NOT covered by insurance, as well as your copay for procedures that are covered.

\*\*We require 24 hour notice for cancellations. We reserve the right to charge \$50.00 per missed appointment or cancellation without 24 hours notice.

**\*\*All payments due within 30 days to avoid interest.**

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