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## Our Office Financial Policy

Our office is committed to providing you with the best possible care. Please understand that payment of your bill is also considered as part of your treatment. We have instituted the following financial office policy, which we require you to read and sign.

Payment for services is due on the day of treatment.

### Insurance:

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Any and all patient out-of-pocket portions are due at the time services are rendered. As a courtesy, our office can perform an insurance pre-determination on major restorative dental treatment that is recommended and we will also file your claims to your insurance company. However, dental insurance policies are ever changing and we do our best to give you an **estimate** of what your out of pocket expenses will be.

For your convenience, we accept Cash, Checks, Debit Cards, Visa, MasterCard, Discover and Care Credit.

Please ask our front desk any questions or concerns regarding payment or financial arrangements prior to your scheduled appointment.

Thank you for understanding our Financial Policy.

I have read the Financial Policy. I understand and agree to this Financial Policy.

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Patient Signature

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Date