

Lawrence Marini, D.D.S., P.C.
341 West Street
Suite A
Plantsville, CT 06479
(860)628-7880

Office Policy

Our goal is to provide the best dentistry possible. It is only through mutual understanding and communication that the most effective and long lasting treatment can be administered. We are here to serve you in a comfortable and professional atmosphere.

Appointments

Proper dental care is only possible with the cooperation of both the dentist and patient. Your time is valuable and we make every effort to see you in a timely manner. We ask that you arrive as scheduled for your appointments because late arrivals disrupt the schedule. Please give us at least 24 hours notice when canceling an appointment. Appointments cancelled or broken with less than 24 hours notice will be charged at the rate of \$25.00 per half hour of scheduled time. We understand that occasionally an emergency can arise that would force you to cancel your appointment with less than 24 hours notice. If this should happen, we ask that you notify us of this change as soon as possible.

Information

Please keep us informed of any changes in your address, telephone numbers, medical history, insurance coverage, and employer.

Fees and Financial Policy

Payment for services is due at the time of treatment unless other arrangements are made in advance. Payment for your treatment can be made by cash, check, Visa, MasterCard, or Discover. We also offer CareCredit, which offers a separate line of credit to cover your family's healthcare needs. There is no annual membership fee and a credit line can be established in less than 10 minutes.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us immediately for assistance in the management of your account.

Insurance and Assignment of Benefits

While the filing of insurance claims is a courtesy we extend to our patients, all charges are your responsibility from the date services are rendered. Although we are willing to submit insurance claims on your behalf, we do not accept responsibility for the outcome of the transaction. In order for us to file your insurance claim you will be required to sign any necessary documents that may be required by your insurance company.

Our practice understands that patients rely on their dental insurance plan to defray the cost of dental treatment. You need to realize that dental insurance policies restrict payment for some services, use restricted fee schedules, and exclude some procedures based on prior conditions or length of time on the plan. Your insurance coverage is a contract between you and your insurance company. If you have questions regarding your dental plan contact your employer or insurance company.

If your insurance company payment is not received within 75 days after the date of treatment, we ask that you pay the balance due in full at that time.

Personal Check Policy

There will be a \$25.00 charge for all returned checks.

We value you and your family as our patients and welcome this opportunity to help you with your dental needs. Please feel free to ask any questions you may have regarding these policies.