

ALLISON T. MOSES, D.D.S., P.C.

18 East 50th Street
Penthouse Floor 11 Suite A
New York NY 10022

Financial Policy

- Payment for all services rendered is due the day of service unless prior financial arrangements have been made.
 - We are happy to submit your dental insurance and wait for payment from them as a courtesy to you. However, your co-payment must be paid the day of service.
 - We have an extended payment plan (CARECREDIT)
Visa, MasterCard, American Express, and Discover charge cards are accepted.
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Please keep in mind that your dental insurance is your benefit. Our estimates are given as carefully as possible. However, your insurance carrier will ultimately decide on the benefit to be paid. Because of this, we require that a credit card number be kept on file to cover the balance remaining after insurance is received, if any.

I authorize payment by credit card for services in the absence of payment by my insurance company. Please note that this will NOT compromise your ability to dispute your insurance company's determination of payment. _____
Initial

It is our office policy to make every effort to contact you (Email, US mail or telephone) prior to applying charges of over \$75.00 to your credit card _____
Initial

Patient/Cardholder Name

Signature

Credit Card Number

Exp Date

Sec Code

Zip Code that matches the card

Email Address

Employer Name _____

Dental Insurance _____ Policy Holder _____

Relationship to Policy Holder _____ ID# _____

Group Number _____

Policy Holder's SS# _____

Policy Holder's DOB _____

Patient's DOB _____