



NOLAN BELLISARIO, DMD
Cosmetic & Restorative Dentistry

Our Financial Policy

**Payment in full is due at the time of service.*

Insurance

We will submit insurance claims as a courtesy to you. We ask that you take care of your estimated co-pay and any unsatisfied deductible at the time services are rendered.

If your insurance company has not paid their portion within 60 days you will need to pay the balance while your insurance is processing your insurance policy is a contract between you and your insurance company.

Missed Appointments

Anytime you are unable to keep a scheduled appointment please contact the office immediately. We ask for 24-hours notice for cancellations. We realize that emergencies do occur, and we will be flexible under those circumstances. A fee of \$50.00 will be charged otherwise.

Payment

Listed below are the methods of payment that we accept. Please identify which form of payment you intend to use to pay for your dental treatment including your co-payment.

_____ Cash or Check

_____ Visa / MasterCard / Discover / Amex

_____ Care Credit-payment plans (outside financing)

Patient or Responsible Party

Date

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Del Mar, CA 92014

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