



## Howe Dental Associates

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Dr. Michael Weiner, D.D.S.

NJ License: 22DI02459000

NPI: 1356648422

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## Financial Agreement

Our goal is to provide the best quality of dental care possible and to have a clear communication of our financial policy. ALL ACCOUNTS MUST BE PAID AT THE TIME OF SERVICE. If a procedure requires multiple appointments, payment in full is required at the first appointment.

### Payment options:

1. **Cash**
2. **Credit Card** - Mastercard, American Express, Visa, Discover
3. **Credit for recurring charges:** (a.) Treatment exceeds \$ 200 (b.) Plan may not exceed (4 months)

**Insured Patients:** The patient is responsible for portions, procedures, and deductibles not covered estimated at time of service, or patient may sign a credit card authorization to bill your credit card AFTER insurance has paid for the visit. If the insurance company does not pay after 60 days, we will charge you the total balance.

- The patient who does not accompany their child: to an appointment must make prior arrangements for payment  
(Cashier's check, or credit card authorization)
- Parents accompanying their children: they are financially responsible for the payment.
- 18% annual interest is charged for any outstanding balance, \$ 15 fee is charged for non-payment.
- There is a \$ 30.00 processing fee for insufficient funds or returned checks
- There is a nominal charge for the release or copies of the records.

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_