

Our Policies

Welcome to Naples Dental Care, the office of Laura Manuel, DDS. It is our pleasure to have you as our patient. Our commitment is to provide you with the best possible dental care and to keep you informed of treatment recommendations and financial obligations. If you have dental insurance, we will be glad to help you to receive your maximum allowable benefits.

The following is our office payment policy:

Payment is due at the time services are rendered. We accept Cash, Checks, MasterCard, Visa, American Express and Discover.

If you are a patient with insurance, it is important to remember that your insurance plan is a contract between you, your employer and the insurance company. The contract is in no way a binding obligation between the Dental Insurance Company and Naples Dental Care or Laura Manuel, DDS.

Our fees generally fall within the acceptable range of the maximum allowance determined by each insurance carrier. This applies only to companies which pay a percentage of "Usual, Customary and Reasonable" rates. This does not apply to companies, which reimburse based on an arbitrary "schedule" of fees.

After your initial exam, you will receive a treatment plan which estimates your portion of payment. If we estimate and collect your co-payment and the insurance underpays or denies benefit, you are responsible for the remaining balance.

Not all services are covered in all insurance contracts. Insurance companies arbitrarily select certain procedures they do not cover, based upon the premium/contract arranged by your employer.

In order for us to help you process your insurance claim for your reimbursement, please bring all insurance information with you. Also, please call your dental insurance carrier to expedite claims if a claim is not paid within 30 days, as the law requires.

Returned checks and outstanding balances over 60 days are subject to collections fees and an interest rate charge of 1.75% per month. There may also be a charge for broken appointments and those canceled without 48 hours notice. Please remember we set aside a designated amount of time for your particular type of treatment. We appreciate your understanding of how important keeping appointments is to the doctor and our other patients.

We hope by presenting our policies to you in the beginning, we will avoid any misunderstandings and, therefore, have more time to dedicate to your dental care. If you have any questions regarding the above information or insurance coverage, please do not hesitate to ask...we are here to help!

Patient Signature _____ Date _____