

**LAWRENCE P. DUCA, JR., DMD**  
**347 VALLEY ROAD**  
**CLIFTON, NJ 07013**  
**973-278-8181**

**OFFICE POLICY AND PATIENT RESPONSIBILITY**

1. Your insurance coverage is a contract between you, the patient, and your insurance company. (NOT THE DOCTOR)
2. Deductible is the patient's responsibility.
3. Co-insurance and Co-payments are the patient's responsibility.
4. Filing a claim is a service provided without a charge and in no way relieves you of responsibility of your bill.
5. We accept assignment with only insurances that we participate with.
6. If you have secondary insurance please let us know and we will submit your claim for you.
7. If you do not reply to your insurance company's requests for further information you will be responsible for the charges.
8. If you do not advise us of a change in your insurance and we receive a denial you are responsible for the charges.
9. If your coverage does not cover specific procedures you will be responsible for those charges.
10. If your insurance payments are sent directly to you, it is your responsibility to send them directly to our office with the EOB (Explanation of Benefits).
11. A billing charge of \$10.00 per month will be added to any balance that is 30 days past due.
12. We request 24 hours when appointments are changed or cancelled. It may be possible for our office to confirm your appointment in advance, but **it is your responsibility to keep track of the appointment you make with us.** A fee of \$35.00 will be billed to the patient for repeated missed appointments and are not payable by the insurance.

Thank you for your cooperation.

**I have read and completely understand the above office policy and patient responsibility.**

**Signature of Patient:** \_\_\_\_\_

**Date:** \_\_\_\_\_