

LAKE CITY DENTAL FINANCIAL POLICY

Thank you for choosing our office as your dental care provider. Our Doctor and team are committed to providing you with the best possible care. Please understand that payment is considered part of your treatment. The following is our Financial Policy which we require you to read and sign prior to any treatment. Before seeing the Doctor, you are required to complete the Information/Medical History and Insurance Form.

Regarding Payment

We accept the following forms of payment: *Cash, Check, Visa, DiscoverCard* and *MasterCard*. Payment for services is due at the time services are rendered unless prior arrangements have been made with our office.

The parent that accompanies the minor child/children to the appointment is responsible for any payment due. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized before the appointment date or arrangements have been made with the Doctor and/or the Office Manager.

Regarding Insurance

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits and your insurance company has not paid your account in full within 60 days, the balance will be transferred to your account. Please be aware that some, and perhaps all, of the services provided may be non-covered services under the terms of your insurance policy. Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company arbitrary determination of usual and customary rates.

Your complete insurance information must be presented at the time services are

provided. Insurance claims cannot be backdated. Most benefits will be verified before your insurance company can be billed.

All insurance co-pays and deductibles must be paid at the time of service.

Balances older than 60 days may be subject to additional collection fees and interest charges may apply. Returned checks will have an additional fee of \$25.00 added to the amount of the returned check.

Cancellation Policy

Please note that, unless canceled at least 24 hours in advance, you may be charged for missed appointments at the rate of \$50.00. Please call the office as soon as possible if you have to reschedule.

We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems to us so that we can assist you in the management of your account.

We would be happy to discuss our charges and how they relate to your particular situation. We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read, understand and agree to this Financial Policy.

Signature of Patient or Responsible Party

Today's Date