

## II FINANCIAL POLICY

### 1. Patients WITH Insurance Coverage:

Please understand that your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will be glad to help you obtain the appropriate benefits from your insurance carrier as a courtesy to you. However, you are responsible for the payments of your account. We can request a pre-estimate of benefits from your insurance carriers if you request to do so. Routine treatments are generally performed without submitting a request of pre-estimate of benefits. Insurance plans where we are a participating provider, all co-pays and deductibles are due **prior to the treatment**.

If you have two insurance plans, you will be responsible for your co-pay from the primary insurance company at the time of your visit. As a courtesy, we will submit any remaining balance to the secondary insurance plan once we have received full payment from your primary insurance. You will be responsible to collect payment from the secondary insurance for your reimbursement.

If your insurance company has not paid the claim within 45 days, the balance will be automatically transferred to you. In some cases, insurance carrier may pay for alternative benefits other than the treatment performed. In this case, you are responsible to pay for the difference. Even if you have dual coverage (which is possible when you and your spouse both have insurance) there may still be a portion that is your responsibility. **All procedures involving lab work will require 50% down payment, then the remaining 50% balance will be due as treatment progresses. The balance must be paid before final insertion.** If you are having extensive treatment over a period of time, we request payments during the course of treatment. Our financial coordinator will assist you in arranging a payment schedule.

### 2. Patients WITHOUT Insurance Coverage:

Patients without insurance coverage are required to pay for services as rendered. We accept Cash, MasterCard, Visa, Discover, or Debit/ATM cards. We also arrange pre-payments and financing plans with CapitalOne and CitiCards.

## III OFFICE POLICY CONCERNING SCHEDULING APPOINTMENTS

**When you make an appointment we reserve that time for you. We understand that extreme or unavoidable emergencies or circumstances do arise which may require you to cancel your appointment. We reserve the right to charge \$35.00 per half hour for appointments broken or cancelled without 24 hours advanced notice.**

## IV BILLING POLICY

1. Checks returned unpaid from the bank are subject to \$35.00 service fee.
2. Accounts delinquent more than 45 days from the date of billing are subject to a 1.5% per month (18% annually) finance charge. If your account is sent to our collection agency you will be responsible for collection and court costs along with attorney's fees.

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We welcome you to our office and want to provide you with the best care possible. If you have any questions regarding our policies and your treatment, please do not hesitate to ask.

**I HAVE READ AND UNDERSTAND LIONVILLE DENTAL ASSOCIATES LLC'S;  
FINANCIAL, SCHEDULING AND BILLING POLICIES.**

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Signature of Patient / Parent or Guardian (if minor)

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Date