

Lakeside Dental's Financial and Payment Policies

Payment in full is required at the time services are rendered unless we agree to other payment arrangements in advance.* In all cases involving the placement of a dental prosthesis, one half of the total fee is expected to be paid at the time the impression is made and the other half upon completion of the work.

Patients have the following payment options: cash, check, or credit card (Master Card, VISA, Discover, or American Express).

To help you finance more extensive dental cases, we offer third party revolving charge account programs (such as CareCredit) that feature no-interest or low-interest payment plans. You may choose to apply in our office and receive an immediate decision on whether you qualify.

If you have a dental insurance plan, please ensure that we have the correct and up to date information. Please understand that your insurance is a contract between you, your employer, and your insurance company. Lakeside Dental is not a party to that contract.

Your dental insurance may not pay the entire amount of any particular procedure. It is your responsibility to know the particulars of your dental insurance coverage. If you have any questions about your coverage, you should contact your insurance company directly. As a courtesy to you, we will file your insurance claims electronically from our office, and you will be reimbursed directly by your insurance carrier. Most carriers are set up to receive electronic claims, and we have found that in many cases our patients receive their insurance reimbursement check within 7 to 14 days of their visit to our office.

If your account becomes delinquent, Lakeside Dental will send the account to a collection agency, which will report the delinquency to the major credit bureaus. In the case of total default, you must pay any legal interest on balances due together with any collection costs and attorney fees that we incur to collect on your account.

Lakeside Dental will assess a fee of \$25 for all returned checks. We reserve the right to charge a fee if patients fail to provide at least 48 hours notice for cancellation of an appointment.

I certify that I understand and agree to Lakeside Dental's financial and payment policies as outlined above.

Signature _____ **Date** _____

**Lakeside Dental is a preferred provider for the AETNA, CIGNA AND GUARDIAN PPO plans. Accordingly, at the time of the visit we will charge plan participants estimated co-pays and deductibles for services rendered, and submit claims to these insurance companies for the balance. Patients are responsible for any amount not reimbursed by their insurance company.*