Lakefront Dental

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Financial Policy

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Our fees are reasonable and customary in accordance with other offices in this area. In case of financial hardship please discuss financial arrangements prior to being seen. The following is intended to provide a clear understanding of our Financial Policy and your financial responsibility.

Payments: We accept cash, debit cards, Visa, Mastercard, American Express, Care Credit and personal Checks with a photo ID. After services have been rendered, we will bill your insurance company. Any outstanding balance after insurance payment will be your responsibility

Insurance: Remember, your insurance is a contract between you and your insurance company. Lakefront Dental is not responsible for your deductibles, co-payments, co-insurance, percentages, non-covered services, or denied services. If we are an in-network provider for your insurance company we will bill your insurance and collect only the patient responsible portion of your bill. If we are out-of network for your insurance, you will be responsible for the entire outstanding balance after insurance payment.

Insurance Deadlines: Many insurance companies have Timely Filing Deadlines. It is your responsibility to inform us of any insurance changes. If we are not provided with accurate information at the time of service, you may be responsible for the payment in full for all services rendered.

Co-Payments: All co-payments are expected at time of service.

Returned checks: All returned checks will be assessed a $30 return check fee. You will have 10 days to pay back the outstanding check and the return check fee. If you do not pay the check and the return fee in the specified time, the check will be sent to a collections agency. In addition, we only will accept cash or credit card for any future visits.

Collections Agency: All balances reaching 90 day past due may be sent to a collection agency. Should your account be sent to a collection agency, you will be financially responsible for all collection fees and legal fees our office incurs through the process utilized to collect the delinquent balance.

Transferring of Records: You will need to request, in writing, the transfer of your records and pay a reasonable copying fee of $25 to have copies of your records sent to another doctor or organization.

I have read and agree to the above policy. I understand that I am financially responsible for all charges incurred by me for dental services rendered to me by Lakefront Dental. I realize my insurance may not pay as much as I anticipate.

Patient or Responsible Party Signature: _____

Date: _____

Revised: 1.20.17 (LO)