

L'Enfant Plaza Dental Arts

Office Financial Policy

Effective October 25, 2013

Our goal is to provide you with the finest dentistry available. In this spirit, we have developed affordable services that, when performed on a timely basis, can prevent future costly procedures. Please review our financial policy.

Insurance/Third Party Payers

If you have dental insurance, we will submit your insurance claim and accept payment from your insurance company provided that we can verify your coverage at the time of your visit. Any co-insurance payments or deductibles are due at the time of service. It is impossible for us to give a guaranteed quote. We estimate your portion based on the most up-to-date information we have, however, it is ONLY AN ESTIMATE. We will submit your insurance as a courtesy. If there are any payment issues with your insurance company, we will attempt to assist in the resolution. However, you the patient are ultimately responsible for all charges incurred in our office. If insurance does not pay within 90 days, L'Enfant Plaza Dental Arts reserves the right to request payment in full for services from you and let you collect the insurance funds that are due.

Cancellations

We reserve time in our office for you to receive care. Should you need to change your reserved time please notify the office at least 24 hours in advance to allow this opportunity for another patient. If an appointment is broken without advance notice, a \$50 fee may be assessed per half hour of appointment time reserved. This fee will become due as a part of your account balance and will need to be satisfied prior to scheduling future appointments.

Payment

Payment is expected at the time of service. For your convenience, we request a credit card number be placed on file for incidental balances.

___ Visa ___ MasterCard ___ American Express ___ Discover

Card# _____ Exp _____ Sec Code _____ Zip Code _____

Please make necessary financial arrangements prior to treatment. All balances must be fully settled within 30 days of service. You will be sent one courtesy statement. In the event that your balance remains unsettled, the credit card on file will be utilized to resolve your balance. All amounts remaining unsettled after 30 days are subject to finance charges of 18% APR and may be forwarded to a collection agency. All fees associated with the collection of your balance (i.e. administration fees, finance charges, service fees, collection agency fees, attorney fees, etc.) as well as a \$300 processing fee will be your responsibility.

Please read the statement below and sign in the space provided

I have read and understand this financial policy and agree to the above terms. I authorize and request my insurance company to pay directly to L'Enfant Plaza Dental Arts. I accept responsibility for payment of all services rendered on my behalf.

Date _____ Signature _____

