
LOTUS FAMILY DENTAL

FINANCIAL POLICY AGREEMENT

Thank you for choosing Lotus Family Dental for your dental needs! We are committed to providing you with the highest quality, personal dental care, and appreciate your commitment to adhere to this **Financial Policy Agreement**. We require all of our patients to read, understand, and sign it prior to any non-emergent treatment or care.

Appointments:

We understand circumstances may arise that require you cancel your appointment. Cancellations and appointment changes must be made by calling our office during our normal business hours (8:00 a.m. to 5:00 p.m. M-Thurs). **All cancellations require a 24 hour advanced notice, and cannot be made by voice mail, text or E-mail. This is important.**

If you arrive late and your appointment must be rescheduled, or you cancel with less than 24 hours and the appointment cannot be filled, you will be subject to a \$150 cancellation fee on the Doctors schedule/ \$50 on the hygiene schedule. This is the average cost of operating expenses during the time we have reserved especially for you.

Treatment Plans:

Treatment recommendations are based on the advanced training and experience of the Doctor. A cost estimate will be provided. However, clinical observations during a procedure may alter the treatment plan, causing estimated costs to fluctuate. You are responsible for any change in treatment costs as well as any balance not paid by your insurance.

Insurance and Past Due Balances:

As a courtesy to you we will file claims on your behalf. ALL COPAYS WILL BE COLLECTED AT THE TIME OF SERVICE. In order for us to successfully bill your insurance company, we need complete information and require a copy of your insurance card at **each** visit.

You are responsible for ensuring your information is correct and effective at the time of each service.

All past due balances are due and payable at time of service.

Insurance Coverage:

- **Commercial/Indemnity Insurance:** Your policy is a contract between you and your insurance company. Because we are not a party to that contract, your account balance is your responsibility whether your insurance pays or not. Take time to read your insurance policy, and be sure to know what your deductibles are. **However, if your insurance does not pay within 60 days, you will be responsible for paying the balance of unpaid charges and for following up directly with your insurance company.**
- **Self Pay or Self Filing:** Patients who do not have insurance coverage, who are unable to provide us with valid insurance information or who wish to file their own insurance claims are responsible for paying at the time services are rendered.

A Word about Insurance Interpretation of 'Dental Necessity':

Use of the term 'dental necessity' by insurance companies can be misleading. It is a contractual term regarding the limits of coverage, and has nothing to do with the treatment or procedures necessary to eliminate your dental disease and returning your teeth to a state of health. Your insurance company may tell you that services provided are 'not a dental necessity'. Unfortunately, it may mean your insurance does not intend to pay for necessary services. Any remaining allowable balance after your insurance has paid is your responsibility. Balances are due upon receipt of your insurance Explanation of Benefits, or a statement from Lotus Family Dental. Prompt payment is appreciated.

Payments:

All co-payments and deductibles designated by your insurance company are your responsibility and are **due at time services are rendered**. Any account balances billed to you must be paid within **30** days. We do not provide in-office payment plans. However, we do accept Care Credit's INTEREST FREE PLAN. If you are interested, please contact www.CareCredit.com. In the event you disagree with a balance due, it is your responsibility to contact the office's billing department to discuss any discrepancies within **30** days of receiving your statement.

Methods of Payment:

We accept Cash, Checks, American Express, Discover, Visa, and Master Card. A \$25 fee will be charged for checks returned for insufficient funds.

Past Due Accounts:

In the event you have an unpaid balance 45 days overdue, appropriate action will be taken to collect the past due amount, and you will be responsible for the following additional fees:

- \$35 past due fee
- 40% collection fee added to the unpaid balance if your account is turned over to a collection agency

I hereby authorize my insurance benefits be paid directly to Lotus Family Dental. I am financially responsible for non-covered services, co-payments, coinsurance, and deductibles. I also authorize Lotus Family Dental to release any information required for the processing of this claim and all future claims.

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined above.

Print Patient's Name

Date

Signature of Patient or Guarantor

Date