Legacy Dental Group
Financial Policy

We realize that every person's financial situation is different. For this reason we have worked hard to provide a variety of payment options to help you receive the dental care needed to enjoy a healthy and confident smile with respect to your budget.

Dental Insurance: We are happy to file the forms necessary to see that you receive the full benefits of your coverage; however **we can make no guarantee of any estimated coverage**. Because the insurance policy is an agreement between you and the insurance company, we ask that all patients be directly responsible for all charges. Please know that we will do everything possible to see that you receive the full benefits of your policy. **If for some reason your insurance company has not paid their portion within 30 days from the date of treatment, you are responsible for payment at that time.** For plans that do not allow us to accept assignment of benefits, payment for services will be collected at the time of your visit**.** If your plan is self-funded and delays payment to this office, we may close your claim and bill your directly and cease from accepting assignment of benefits for that plan. For secondary benefit plans, we will do our best to coordinate your benefits but may collect the secondary portion from you on the date of service and ask your plan to make payments directly to you. ***Please present your insurance card at each visit.*** To better serve you, all insurance information must be provided at the time of service and before you are seen. Please be sure to notify us of any changes to your insurance coverage or residence.

Financial Arrangements:

Cash or Check	**We are happy to offer a pre-payment courtesy for all treatment paid in full prior to treatment.**
Credit Cards	**For your convenience we have made arrangements to accept payment by Mastercard, VISA, American Express, and Discover.**
Payment Plans	**Creditworthy patients who have extended treatment may be eligible for in-office financing. We will work closely with you to customize a plan to suit your needs.**

Returned checks: Checks returned for nonpayment will be assessed a $25 nonsufficient funds fee. NSF checks must be redeemed with a cashier's check, money order, certified check, credit card or cash.

Delinquent Accounts: Accounts past due will be subject to collection. All fees including, but not limited to collection fees, attorney fees and court fees incurred shall become your responsibility in addition to the balance due this office. In addition to collection fees, all outstanding balances will be subject to an interest rate of 21% APR and reporting to all major credit bureaus.

Notice of Fees: Missed appointment fee for a routine appointment $25.00, for appointments with the Hygienist…$25.00 per half hour scheduled, and for appointments with the Dentist…..$50.00 per half hour scheduled. **If you need to reschedule your appointment, we require a 24 hour notice for routine appointments and 24 hours notice for every half hour scheduled with the dentist or hygienist to avoid a missed appointment charge.** Please be aware that chronic failure to notify us that you will miss your appointment may result in dismissal from the practice.
Records duplication (allow 7-10 business days for processing).$25.00,
Same day records duplication (with minimum 4 hour notice)…$50.00

Minor Patients: All minor patients must be accompanied by an adult (parent or legal guardian). The adult accompanying the minor patient is required to pay in accordance with our policies. We neither accept third party assignments nor do we recognize or enforce the terms of divorce or child support decrees.

I have read and I understand the above Financial Policy and agree to abide by its terms.

PRINTED NAME OF PATIENT		PRINTED NAME OF RESPONSIBLE PERSON	RELATIONSHIP TO PATIENT
SIGNATURE OF PATIENT	DATE	SIGNATURE OF RESPONSIBLE PERSON	DATE