

FINANCIAL POLICY

Payment is expected at the time work is rendered: We do not bill for services. If a party not present at appointment is responsible for payment, arrangements must be made to have payment the day of the appointment. For your convenience, we accept cash, checks, Mastercard, Visa, Discover, and Care Credit. Care Credit is a 3rd party payment plan consisting of a separate line of credit for dental treatment, with little or no interest. Processing the application will only take a few moments.

All account balances that are 60 days past due will be subject to late charges. A late charge of 5% of the account balance or a minimum charge of \$10 will be added to the account every 30 days. Charges are subject to change without notice.

We can provide a printed time and cost estimate of your dental treatment. We will be happy to discuss your proposed treatment and answer any questions you may have. We have the right to increase fees/estimates without notice.

Dental Insurance Subscribers: As a courtesy to you, we will file your insurance and pre-treatment estimates. We will accept payment directly from the insurance company, however you will be responsible for the estimated portion at the time of service. After we receive payment from your insurance company you will be responsible for any remaining unpaid charges. If the amount paid by insurance is more than originally estimated, your account will be credited. The credit may be used for future treatment or you may request a return of the overpayment. A request for the return of the overpayment cannot be made if there are any outstanding insurance claims on you or your family's account.

If you are covered by Delta Dental, Federal Employee's Blue Cross Blue Shield and Metlife, or Mail Handlers, we must collect your payment in full at the time services are rendered. As these reimbursements are sent directly to you.

Please remember:

1. We are not a member of any dental insurance group or network.
2. Insurance coverage is a contract between you, your employer and your insurance company.
The dollar amount paid for each procedure is set by the individual contract.
3. Some insurance companies do not cover certain services and have plan limits that effect payment.
4. **REGARDLESS OF INSURANCE COVERAGE, PAYMENT IN FULL IS REQUIRED WITHIN 45 DAYS OF SERVICE.**

Failing to arrive at your scheduled appointment time without adequate notice, will result in a FAILED APPOINTMENT FEE. The amount charged will be \$25.00 per visit. Charges are subject to change without notice.

BY SIGNING BELOW, I AUTHORIZE RELEASE OF INFORMATION NECESSARY TO PROCESS MY DENTAL INSURANCE CLAIMS. I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL COSTS OF DENTAL TREATMENT. I ALSO AUTHORIZE PAYMENT DIRECTLY TO HEATH LEFBERG, DDS, PA FOR INSURANCE BENEFITS OTHERWISE PAYABLE TO ME.

Patient Signature (or Parent/Guardian if Minor): _____ Date: _____