

# Lakewood Dental Care

*A family dental practice committed to wellness*

Welcome to our dental office! Our goal and commitment is to provide our patients with the highest quality dental care, through education, prevention and treatment in a pleasant and comfortable environment. Good communication is the key to quality care and we invite your questions. Please take a few moments to read the following information and familiarize yourself with our office.

### ***Payment at the time of service***

We require payment at the time of service and for your convenience we accept Visa, MasterCard, Personal Checks and Cash. We also offer third party financing options thru CareCredit. This plan offers interest free options and low monthly payments. We can assist you with these payment plan options, please ask us!

We offer a 5% cash discount to all who pay in full by cash or check on the day of service and a 5% discount for our senior citizens age 62 and older.

### ***Insurance and Insurance Co-Payment Responsibility***

We will file your insurance claims on your behalf as a courtesy to you, provided your dental insurance company will assign benefits directly to us. Having dental insurance is not a guarantee of payment. Your insurance coverage is a contract that is set up between your employer and the insurance company. Full payment of your account is your responsibility. If payment for completed treatment is not paid by your dental insurance company within 90 days, we reserve the right to request payment in full for the balance owing on your account. When your insurance carrier eventually pays, we will gladly refund the difference to you.

If you have dental insurance, we will ask you to make your copayment at the time of service. Your copayment is the dollar amount that is not paid by your dental insurance plan.

### ***Returned Check Fee***

All patients paying for balances via personal check will be responsible for an addition fee of \$35 on checks returned from the bank containing "Non Sufficient Funds" and/or a stop payment issued on a check payment or credit card payment.

### ***Finance Charges***

Finance charges accrue on the unpaid balance beginning on the 60<sup>th</sup> day after charges are incurred. The interest rate will be 12% per annum or the maximum allowable according to state law. In the event that the account is referred to collections, the undersigned, or their agent, will be responsible for payment of interest on the unpaid balance at 1% per month from the date of service, in addition to collection fees, reasonable attorney fees and court cost.

We request a 48 hour notice to change an appointment. A charge may be applied to your account in the amount of \$50 if an appointment is changed with less than a 48 hour notice, or if you fail to keep your scheduled appointment.

I hereby acknowledge receipt of the above information and understand that I am completely responsible for all fees

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Printed Name

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Signed Name

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Date