

LAWRENCE FAMILY DENTISTRY
Denard T. Lawrence, DDS, PA

FINANCIAL POLICY

A \$25 Fee may be charged for Missed Appointments without a 24 hour cancellation notice.

We accept cash, check, VISA, MasterCard, Discover and American Express. Returned checks will be charged the amount of the check PLUS a \$25 processing fee. **Full payment is DUE at time of service.** We offer Care Credit to those qualifying with no interest plans for amounts over \$200. Please note the parent or guardian who accompanies a child to our office **is responsible for payment at the time of appointment.**

We file your insurance as a courtesy and do our best to maximize your benefits. Although we call for benefits on your behalf, we *strongly suggest* that you call your insurance company to reconfirm any waiting periods, deductibles or benefits payable concerning your treatment plan. Regardless of your coverage, we require **all deductibles and estimated patient portions be paid at the time of treatment.** If your insurance plan does not pay within 120 days of treatment, you must pay any outstanding balances and seek reimbursement from your dental plan. Our office participates with Blue Cross/Blue Shield of NC, Federal and Blue Dental, Delta Dental and the highest coverage level of CIGNA.

You are legally responsible for all charges incurred on your account, as well as any costs associated with collecting the total account balance. Accounts over 90 days are subject to being forwarded to collections at which time you may be notified by mail, e-mail or any phone numbers listed on your account. Methods of contact may include using pre-recorded or artificial voice messages and/or the use of an automatic dialing device, as applicable.

FINANCIAL POLICY RECEIVED

I have read and understood the above information:

Patient (Print Name) _____

Patient/Parent or Guardian Signature _____

Date _____