

Locust Lane Dental Group

PATIENT RESPONSIBILITY – THINGS YOU NEED TO KNOW

INSURANCE:

If you have dental insurance, we will help you receive maximum benefits. Please inform our front desk staff of all dental insurance plans you are covered by, so we can submit your claims properly. Insurance plans vary considerably and we cannot guarantee what part of our services will or will not be covered by your particular insurance plan. You are responsible for any services not covered by your insurance plan. You are also responsible for being aware of your insurance contract maximum and covered benefits. The office is not responsible for keeping track of the amount of insurance money you have utilized for the contact year. You are ultimately responsible for all of your insurance co-pays at the time of your appointment. We will expect you to pay any outstanding balances not covered by your insurance before we provide any future treatment. Please contact your insurance carrier or your employer's human resources department if you have any questions or concerns we cannot answer.

PAYMENT:

We accept cash, checks, VISA, MasterCard, Discover, and CareCredit. Payment is due at the time of service unless prior arrangements have been made with the financial coordinator.

FINANCING:

Locust Lane Dental Group offers long term financing options through outside financial institutions. We offer this financing with one year of 0% interest. Please ask one of our front office staff to determine your eligibility.

INFORMED CONSENT:

I consent to receive dental care at Locust Lane Dental Group and reserve the right to be informed of any risks, alternative treatment, or side effects that I may expect. I certify, to the best of my knowledge, the health history and insurance data I have provided are accurate. In the event that an account becomes more than 90 days delinquent, Locust Lane Dental reserves the right to turn the account to the collection process with an added cost of a \$25.00 collection fee to the outstanding balance. If an account is sent to collection, the office also reserves the right to cancel any upcoming appointments for all family members listed on the account and also dismiss any family members listed in the account from the practice.

Your clear understanding of our financial policy is very important to our professional relationship. We will be happy to discuss any part of our policies in order for our patients to have the best possible experience at our office.

Responsible Party Signature **X** _____

Patient Name **X** _____ Date **X** _____

Relationship to Patient **X** _____

*****please see other side*****