

# Dr. Norman E. Lee Periodontics & Implant Center

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## OUR FINANCIAL POLICY

Thank you for choosing our office for your dental needs. We are committed to providing our patients with the best possible treatment and services. The following is a statement of our financial policy which we request that you read, agree to and sign prior to any treatment. A copy of this policy will be given to you if requested.

- **Full Payment is due for the Total Cost of your Treatment on the day of service.**
- **For your convenience we accept, Visa, MasterCard, Discover, personal checks and cash.**
- **We are not in network with any Dental Insurance Companies, but as a courtesy to our patients, we accept assignment of insurance benefits. (General and Perio Maintenance cleanings are a covered benefit)**

## REGARDING INSURANCE ASSIGNMENT

We cannot bill your insurance unless you provide all insurance information. Your insurance benefits are a private contract between you and your insurance company and Village Dental Specialists is not a party to that contract. Please keep in mind that you are responsible for your total obligation should your insurance company benefits result in less coverage than anticipated. Our staff will gladly submit a pre-treatment estimate to your insurance company on your behalf.

## MISSED APPOINTMENTS/CANCELLED APPOINTMENTS

No charge will be made for rescheduling an appointment provided a 24-hour notice is given. **Failure to be present at the time of a reserved appointment will be recorded in your patient chart as a 'no show'.** The first 'no show' will result into no fee but will be written into your account. If, there is a second 'no show' now you'll be responsible for a \$50- fee will be billed to your account, as well as a letter being sent to your home alerting you that an appointment was missed without canceling. A third 'no show' will result in suspension of services and dismissal from our dental practice. Exceptions to this policy must be approved by the Office Manager. Please remember that your appointment time has been reserved for you. If you have a history of broken appointments with our office, you will be required to provide a 50% deposit to reserve your next surgical appointment.

## FINANCIAL CONSENT

The patient (or guardian) agrees to be fully responsible for total payment of procedures performed at this office, including any treatment not a benefit of any insurance.

**I certify that I have read, understood, and agree to this policy.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_