

Paul S. Lewis, DDS, MS
Laser, Nonsurgical and Surgical Periodontics

FINANCIAL POLICY

In order to avoid misunderstandings regarding payment for the services provided at this office, we wish to clearly explain our financial policy. If you have any questions regarding this policy, please let us know.

Procedures performed in our office are covered under most dental and some medical plans. However, insurance pays only a portion of our fees. There are deductibles and co-payments for which the patient is responsible. Also, your insurance carrier makes payments based upon their own fee schedule which may be different from our usual fees. In most cases, 50% to 75% of the fee is covered by insurance. Therefore, the patient is required to pay *that portion of the fee that is not covered by insurance* at the time of service.

Under all circumstances, *the patient*, not the insurance carrier, is responsible for payment for services performed at this office.

For patients without insurance coverage, *full payment is required at the time of service* unless other arrangements have previously been made. Payment can be made by cash, check or credit card (VISA or Mastercard).

Patients who make *full payment in cash or by check* (not credit card or debit card) at the time of service will receive a *5% discount*.

A payment plan is available through a healthcare credit program called *CareCredit*. This program offers the following advantages:

- Patients choosing this option can make *no payment at the time of service*.
- There is *no membership fee* and *no annual fee*.
- There is *no interest charge* if the account balance is paid within 6 months.
- The application and approval procedure can be accomplished in a matter of minutes.

Please let us know if you wish to take advantage of this program.

Accounts with balances over \$350.00 which are more than 90 days past due will be assessed a monthly finance charge of 1.5% (18% annually).

Accounts with balances under \$350.00 which are more than 90 days past due will be assessed a \$5.00 billing service charge.

Patient's name

Name of the person who is responsible for the patient's account

Signature of the person who is responsible for the patient's account

Date