

**DAVID R. LEWIS, D.D.S**

## **FINANCIAL POLICY**

### **PATIENTS WITH INSURANCE**

*Although we bill your insurance company, you are financially responsible for all services rendered.*

Insurance is a contract between you and your insurance company. We file insurance claims as a courtesy to our patients. We will estimate insurance benefits as a courtesy, but cannot guarantee any insurance payment or benefit before the services are rendered. If payment has not been received within sixty (60) days of billing your dental plan, the claim will be cleared, and you will be responsible for the balance due. Should your dental plan deny coverage for any reason, you will be responsible for payment in full within thirty (30) days of your billing statement.

Our office renders services that are medically necessary, regardless of your insurance benefit schedule, limitations, or exclusions.

It is your responsibility to know your dental insurance contract, and its limitations and exclusions. Our office will not be held responsible for any limitations or exclusions included in your dental insurance contract.

We cannot become involved in disputes between you and your insurance company regarding any claim filed through our office, other than to supply factual information as necessary.

*You are responsible for the timely payment of your account.* If you have a co-pay or deductible, plan to pay it at the time of your visit.

### **PATIENTS WITHOUT INSURANCE**

Our fees cannot always be determined in advance, since they depend on services rendered. FULL PAYMENT IS DUE AT THE TIME OF SERVICE. We accept cash, checks, major credit cards, Care Credit, and Citi Health Card.

**THANK YOU FOR UNDERSTANDING OUR FINANCIAL POLICY. PLEASE LET US KNOW IF YOU HAVE ANY QUESTIONS OR CONCERNS.**

**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.**

**Signature of Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient's Name Printed:** \_\_\_\_\_