

Bryan H Lamb DMD

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Written Insurance and Financial Policy

Thank you for choosing Lamb Family Dental. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, MasterCard, American Express or Discover Card

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash prior to the scheduled appointment.

- Convenient Monthly Payment Options¹ from CareCredit Healthcare Credit Card
 - o Allow you to pay over time
 - o No annual fees or pre-payment penalties

Please note:

Lamb Family Dental requires payment at the beginning of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

Payment for services is due at time of services are rendered unless payment arrangements have been approved in advance.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.²

For your convenience, we will estimate the portion of the fee that your insurance company will not cover. **This is an estimate.** After your insurance benefits have been paid, you are responsible for the unpaid balance. We will ask you to bring with you at the time of treatment the estimated uncovered portion of the total fee. We can predetermine your benefits with your insurance company; however, this may delay treatment 4-6 weeks or more.

A fee of \$25 is charged for patients who miss or cancel more than 3 times in a calendar year without 48-hour notice.

Bryan H Lamb DMD charges \$25 for returned checks.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the day services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

I authorize my insurance company to make payment directly to the doctor for services rendered and agree to pay any uncovered balance. I hereby authorize release of information for insurance purposes.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹Subject to credit approval

²However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.