



Our Office Financial Policy and Your Dental Insurance:

Thank you for choosing Lakeshore Family Dentistry as your dental health care provider. The following is our Financial Policy. Our main concern is that you receive the proper and optimal treatments needed to restore your dental health. Therefore, if you have any questions or concerns about our payment policies, please do not hesitate to call our office.

We file dental insurance as a courtesy and are glad to assist you with your dental insurance questions. To help us assist you in obtaining your maximum benefit, please bring your current dental insurance card to your visit. Verification of insurance is not a guarantee of payment. **You are responsible for any service provided that is denied or not paid by your insurance company.** Most plans only cover a portion of the dental fee, which means you will be responsible for your deductible and the portion not covered by your plan at the time of your visit.

Payment for services is due at the time services are rendered. We accept cash, checks, Care Credit, Visa, Master Card, and Discover. We will be happy to help you process your insurance claim for your reimbursement as long as you provide us with all necessary information in doing so.

When it comes to your dental insurance, please understand that:

- 1. Your insurance policy is a contract between you, your employer and the insurance company. We are not a party to that contract and cannot guarantee any payment by your insurance company. Our relationship is with you, not your insurance company.***
2. All charges are your responsibility whether your insurance company pays or not. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
3. Fees for these services, along with unpaid deductibles and co-payments are due at the time of treatment.
4. If the insurance company does not pay your balance in full within 30 days, we ask that you contact the carrier to help speed things up.
5. Returned checks are subject to a \$25.00 NSF fee.
6. Minor patients: Insurance will be billed. However, the domiciliary parent/guardian of the minor is responsible if the claim is not paid.

Please note that, unless canceled at least 48 hours in advance, you may be charged for missed appointments. Please call 985-643-1852 if you have to reschedule your appointment.

We understand that temporary financial problems may affect the timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account. Again, thank you for choosing us as your health care provider. We appreciate your trust in us and we appreciate the opportunity to serve you.

Patient/Guardian

Date