



Financial Agreement

We are committed to providing our patients receive the needed treatment to achieve and maintain optimal dental health. We offer the following financial agreement and payment options:

For our patients with dental benefits:

Initial ____ Dental “insurance” benefits are an agreement between you and your insurance company; therefore we can only estimate your dental benefits. This estimate is not a guarantee of payment by your insurance company. You are responsible for any charges your insurance company does not pay and that we are not contractually obligated to adjust.

Initial ____ Your out of pocket and deductibles are due at time of service unless other arrangements made.

Initial ____ Insurance payments not paid after 60 days will become your responsibility. You agree to pay your full balance after 60 days from date of service. We file claims electronically and usually receive payment within 30 days.

For our patients without dental benefits:

Consider joining our Loyalty Plan. In some cases it is superior to commercial insurance plans (see details in the office or go to <https://www.dentalhq.com/accounts/signup/my-dentist/1990>). No maximums, limitations or deductibles apply.

For uninsured, non-Loyalty member patients, we offer a 5% courtesy for payment at time of service.*

Financing options:

1. We accept cash, check and all major credit cards
2. We accept payments from HSA and FSA cards
3. We also offer financing options with no interest payment up to 12 months with CareCredit, when approved

*We offer some products and services at cost. These items are not subject to further discounts.

Patient Appointment Policy Agreement

In order to accommodate requests for appointments from every new, existing and emergency patient and to ensure that we have providers in the practice to accommodate these requests, we ask you to give our practice a minimum of 48 hours’ notice if you realize you will be unable to keep your scheduled appointment or need to make a change to it.

As a courtesy to you, we make every effort to remind you, in some way, of your upcoming appointment (text, email, phone, mail). The way in which we communicate with you may be tailored to your specifications. A fee will be charged for appointments missed or rescheduled without the 48 hours’ notice. Please see our Patient Appointment Policy (attached to this clipboard or request) for further information about fees and practices.

Our commitment to excellence is delivered through our high clinical standards, as well as our appointment management guidelines. With your compliance, we will be more able to keep our schedule “on time”, accommodate any emergencies and help patients on our waiting list. Thank you for agreeing to support our appointment policy.

I acknowledge that I am financially responsible for all charges. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I understand that chronically missed and /or canceled appointments may result in a fee or dismissal. I authorize Lake Grove Dental to bill my insurance company as well as release any information needed to do so and assign benefits to Charles L. Branen, DMD, PC.

Printed Name: _____ **Signature:** _____ **Date:** _____