



## FINANCIAL POLICY

This statement is to inform you of our financial policy. We at Mark T. Lavin DDS P.C., are committed to providing you with the highest quality of dental care, utilizing only the best materials and education available. In the process of doing so, we have formulated a financial policy to continue providing excellent service to you and minimize our administrative costs.

Payments are due at the time the service is provided, unless previous arrangements have been set up and agreed upon both by you the patient, and us the provider. Our office accepts cash, check, Visa, MasterCard, Discover, and Care Credit.

For those of you with dental insurance, as a courtesy, we will assist you in processing your insurance claims. You may direct your insurance company to pay your benefits directly to our office by signing authorization on the Consent for Use and Disclosure of Health Information agreement. In order for our office to file your insurance claim, please bring your insurance card to each appointment. It is also the responsibility of the patient to inform Mark T. Lavin DDS P.C. if there have been any changes to their insurance provider or policy. Any co-payment that is the patient's responsibility is due when the service is provided.

All incurred charges are ultimately the responsibility of the patient regardless of insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, and not with your insurance company. Your insurance plan is a contract between you, your employer, and your insurance company. Our office is not a party to that contract or any possible restrictions. Please note, any quoted insurance coverage is an estimation based on the information available to us and does not guarantee payment. Any balance unpaid by your insurance provider will become the patient's responsibility. If you have any questions regarding your coverage, we encourage you to contact your insurance provider.

Returned checks and balances older than sixty days may be subject to collection fees and finance charges at the rate of 1.5% per month (18 % annually). Additionally, it is our policy here, at Mark T. Lavin DDS P.C., that if for any reason you are unable to keep a scheduled appointment, it is the responsibility of the patient to notify us at least 24 hours prior to that appointment. If an appointment is cancelled or the patient simply does not show up, we reserve the right to assess a fee on to the patients account. In the event that the missed or broken appointment is for a hygiene cleaning a straight fee of \$25.00 will be charged to the account. If the appointment was for a surgery the fee assessed will be \$100.00.

If you have any questions regarding our financial policy, please do not hesitate to ask. We are committed to providing you with the most positive experience in dental care.

I HAVE READ AND UNDERSTAND THIS FINANCIAL POLICY.

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PATIENTS SIGNATURE

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DATE