

Lakeside Family Dentist

Office Policy

1. Professional services charged are the responsibility of the patient, not the insurance company. As a courtesy the office will submit dental claims to the insurance company and will ESTIMATE what they will pay. The office is not responsible for the difference between the actual insurance payment and the estimation. Also, it's the patient's responsibility to make sure their insurance is still in effect and active at the actual time of services. The balance is the responsibility of the patient.
2. I furthermore agree that in the event of default payment, I will be charged at least 1.5% interest in any balance over sixty (60) days and will be responsible for all reasonable collection costs and/or attorney fees.
3. Any deductible and/or co-payments are due at the time of service, unless previous arrangements have been approved with the dentist. We accept Visa, Master Card, Discover, Debit Cards, and Cash.
4. As a courtesy, our office will try to confirm all appointments, BUT KEEPING APPOINTMENTS IS THE PATIENT'S RESPONSIBILITY. If you are unable to keep a scheduled appointment, you understand that it is your responsibility to notify this office 24 hours before your appointment, or a \$25.00 missed appointment fee will be applied to your account. A missed scheduled appointment could have been time given to a patient in need. Three (3) or more missed appointments may lead to a dismissal from our office.
5. In the event of a parental dispute regarding payment of services rendered to a child the responsible party shall be considered the parent who accompanies the child at the time of the services are rendered (unless a court documentation is on file with our office).

By signing below, I acknowledge that I have read and understand this offices policies.

Signature_____Date:_____