

OFFICE FINANCIAL POLICY & YOUR DENTAL BENEFIT PLAN

At **By the Lake Dental**, we are committed to providing you with efficient and effective dental care. If you have dental benefits, we will support you to receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our financial policy.

We accept cash, MasterCard, Visa, and Debit. NO CHEQUES OR AMERICAN EXPRESS. Outstanding balances older than 45 days may be subject to finance charges at the monthly rate of 1.5%.

If you have dental benefits, you must bring proof of benefits, so that we can submit your benefit claims and collect information from your benefit provider. However, we are limited to certain information and it is important for you to recognize the following:

1. **Your benefits are a contract between you, your employer, and the benefit company.**
2. **We cannot render services on the assumption charges will be paid for by a benefit company. All charges are your responsibility from the date a dental service is rendered.**
3. **Not all services may be covered by all benefits contracts.**
4. **Remember to update us regarding any changes to your dental benefit policy, so we may process your claim on your behalf, in a timely manner.**
5. **If you have used any of your benefits at another office, within the same benefit year, you must inform our office. Your benefit maximums will be affected. This information is not provided to us by your benefit provider.**
6. **Claims which have not been paid within 60 days, by your benefit provider, shall be the responsibility of the patient. We will provide you with all and any documentation to support the collection of this claim.**

By the Lake Dental will submit your claim as a courtesy. You are required to pay your patient portion (if there is one) on the day treatment is rendered. **Upon receipt of the benefit payment we will reconcile your account and bill or refund any differences.** As the dental care provider, we must emphasize, *our relationship is with you, the patient, not your benefits company.* Filing benefits claims is a courtesy we extend to our patients; all charges are the patient's responsibility, on the date the services are rendered. We realize temporary financial problems may affect the timely payments of your account. If such situations do arise, we request that you contact us promptly for assistance in the management of your account. If you have any questions about the above information, please do not hesitate to ask us. We are here to support you.

Cancellation Policy: Please note, your scheduled appointment is time we dedicate for you. We require a minimum of two (2) *business* days advance notice if you need to cancel your scheduled appointment. Please be advised that failure to inform us and repeat of incidents may result in the lost privilege of the option to pre-book appointments. **Please initial in box.**

By signing below, I agree to and understand the policies described in this form. I agree to abide by the terms outlined and understand and accept my financial responsibility.

Print Name	Relationship to Patient	Signature	Date
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