



Office and Financial Policy

Thank you for choosing Lifetime Dental as your dental care provider. We are committed to providing you the best dentistry has to offer. Please understand that payment for your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign.

Insurance:

Lifetime Dental accepts assignment of insurance. However, we do require you to pay your percentage of the bill at the time of service. Your insurance agreement is between you and your insurance company. Lifetime Dental is not a party to that contract. If they fail to pay for any reason, you are responsible for the entire balance.

Financial:

1. Payments are due at the time of service. We accept cash, credit cards, Care Credit and Health savings account cards.
2. ALL co-pays and deductibles are due at the time of service.

Appointments:

If you arrive more than 15 minutes late, we may need to reschedule your appointment. Since your appointment time is reserved especially for you and to prevent other patients from waiting for their scheduled time. We ask that you give us a 24-hour notice if you need to cancel or reschedule your appointment. Failure to give us a 24-hour notice will result in a \$50 charge to your account. If you are scheduled with a specialist, the cancellation fee is \$100.

I UNDERSTAND I AM TO BE FINANCIALLY RESPONSIBLE FOR ANY BALANCE REMAINING ON THIS ACCOUNT FOR SERVICES NOT COVERED BY INSURANCE.

Date

Signature of the Patient or Responsible Party

Print Name