

Lee Dental Centers  
Financial Policy

Payment for service is kindly requested **at the time of scheduling**. For your convenience, we accept cash, check, Visa, MasterCard, American Express and Discover. In addition, we offer a 4-month payment plan, and no interest and extended payment plans through Compassionate Finance and Care Credit. Our receptionist will be happy to assist you with this process.

We ask that you understand the following about dental insurance:

- Your insurance policy is a contract between you, your insurance provider, and/or your employer. We are not a party to that contract. We cannot become involved in disputes between you and your insurer regarding deductibles, covered fees, co-payments, secondary insurance, and usual and customary charges. However, we are contracted with certain preferred provider plans (PPO), managed care plans (HMO), and discount plans. We will follow the guidelines for patient care, reimbursement and submission of claims for services rendered.
- We do our best to **estimate** what your insurance will cover on recommended procedures. Your insurance company is promptly billed following your procedures and most insurance companies respond within four to six weeks. You will receive a monthly statement from our office reflecting your account status. Once insurance has paid their portion, you are responsible for any remaining balance on the account at that time. We kindly ask that you remit additional payments promptly. Should financial arrangements be necessary, please contact our billing office at (210)681-7001.
- Any unpaid balances older than 90 days or returned checks older than 30 days may be subject to collection placement and collection fees.
- To allow us to best serve you, please notify us of any changes to your insurance and keep us updated on your current phone number and address.

For insurance claims: You agree to authorize the release of any information relating to the claim. You also authorize payment directly to Lee Dental Centers of the insurance benefits otherwise payable to you. You are responsible for any balance on this account that may arise from amounts not covered by insurance.

If you must cancel or reschedule your appointment, all cancellations must be made at least 24 hours in advance. If you fail to give 24 hours notice, a cancellation fee may apply.

Thank you for choosing Lee Dental Centers as your provider. We are grateful for the opportunity to serve you and your family.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient/Guardian Print Name: \_\_\_\_\_