

GUY G. LEVY, DDS, PC
FINANCIAL POLICY

In our efforts to always communicate openly and honestly, we would like to share the following policy with you.

Payments:

1. **Payment is required at the time services are rendered unless payment arrangements are made in advance.** For our patient's convenience, we accept VISA, MASTERCARD, AMEX, DISCOVER, CHECKS, & CASH.
2. Extended Payment Plans: Over (90) ninety days, financing is available through our financial partner, **Care Credit**.
3. ALL LAB RELATED CASES REQUIRE AN INITIAL PAYMENT OF 50% DOWN AND THE BALANCE WHEN THE CASE IS COMPLETED.
4. All financial arrangements must be made prior to scheduling of treatment.
5. Please note accounts due over 60 days will have a \$10.00 late fee assessment per month.
6. There is a \$35.00 fee for returned checks.

Insurance Information:

1. Your insurance benefits are a contract between you and your insurance carrier. The amount of coverage you receive will depend on the quality of the plan purchased by you or your employer; not the fees of the practice. It is ***your*** responsibility to know your deductible and percentages of coverage and frequency limitations. The Practice will be happy to file your insurance as a service to you; however, we ask that you please furnish the correct insurance information.
2. Insurance companies may have alternative benefit provisions. These state that insurance companies can pay benefits for the least expensive form of treatment, i.e. composite (tooth colored) fillings may be paid as amalgams (silver) and these provisions make the co-payments higher.
3. Pre-authorizations are available upon request for all proposed treatment. **Please note that pre-authorizations are not guarantees of payment.**

Divorce:

1. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.
2. You are responsible to send a payment for dependents not accompanied by an adult. The parent or guardian who brings the child to the appointment will be responsible for payment.

Emergency Visits:

1. If you are not a registered patient of record, payment in full is required at the time services are rendered. Any dental insurance will be filed as a courtesy for your reimbursement.

Appointments:

24 hours notice is required in order to change an appointment. Patients that miss or do not give us the required 24 hours notice will incur a broken appointment fee of \$75 - \$150 per hour missed. We appreciate your cooperation.

In the event of default payment due to Guy G. Levy, DDS, PC, I agree to pay all costs of collection including a 33 1/3% attorney's fee. I authorize the use of a photocopy of my signature.

I have read, understand and agree to the terms of the above policy.

Signature of Patient or Parent/Guardian of Child

Date