

LAWSON FAMILY DENTISTRY

212 NORTH ST.
BLUEFIELD, WV 24701
(304) 327-8177

102 MARKET ST.
PETERSTOWN, WV 24701
(304) 753-5400

Thank you for choosing Lawson Family Dentistry as your dental provider. In order to build a successful relationship with our patients, we ask that you review and agree to our financial policy. Please do not hesitate to ask if you have any questions or concerns about our fees, policies, or your responsibilities as our patient. It is your responsibility to notify our staff regarding any changes in personal information (i.e. address, name, phone number, insurance information, etc.) We look forward to working with you!

PAYMENT POLICY

Our policy requires payment in full the day of your appointment for patients who do not have dental insurance. Our office accepts cash, check or money order, Visa, MasterCard, and Discover as forms of payment. We will also accept a post-dated check if dated for no more than two weeks from the date of service.

CARECREDIT INTEREST FREE* PAYMENT PLANS

CareCredit is a payment plan that offers convenient, low monthly payments, no annual fees or pre-payment penalties, and allows you to pay overtime with no interest. Please ask our staff for assistance if you would like to apply for CareCredit today!

*Subject to credit approval. Must meet eligibility requirements for extended or interest free plans.

RETURNED CHECKS

Our office requires a \$25 fee for any returned check which will be payable by cash, money order, Visa, MasterCard, or Discover. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis following any returned check.

BROKEN APPOINTMENTS

Our office asks that you give at least 24-hour notice if you will be unable to attend your appointment. Appointments that are missed or cancelled on short notice are subject to a \$50 fee. Patients who repeatedly miss appointments may be placed on a call day of basis only. In order to best provide for our patients, we schedule appointments with the necessary time slots needed for the services to be rendered. We ask that you understand if you are late for an appointment that we may have to reschedule for a later date in order to maintain our schedule. We apologize for any inconvenience this may cause.

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ACCOUNTS WITH OUTSTANDING BALANCES

According to our policy, any patient whose account has an outstanding balance will not be allowed an appointment until payment has been made. Our office will make every attempt to allow you to make payment on your account. However, accounts with an outstanding balance past due for 90 days will be turned over to a collection agency if payment is not made or we are unable to contact you regarding your account. In the event that an account is turned over to collections, the person responsible for the account will be responsible for all collections costs.

INSURANCE CLAIMS AND CO-PAYS

We will bill to your primary and secondary insurances as a courtesy to you. All insurance co-pays, deductibles, or past due balances must be paid at the time services are rendered. As the patient, you are responsible for all dental bills in our office. Although we are able to estimate what your insurance may pay, it is not until the dental claim is processed that your benefits are determined. If your insurance company rejects the claim or pays less than the total bill, our policy requires you to pay the balance in full upon receipt of your statement. It is your responsibility to negotiate with your insurance regarding any disputed claims.

PARTICIPATING INSURANCES

Our office is a participating provider with Delta, CIGNA, MetLife, and Guardian insurances. We participate in plans with these companies and will accept their allowance fees for all services excluding prosthetics. Any extra cost for prosthetic services will be the patient's responsibility.

PRE-AUTHORIZATIONS AND TREATMENT PLANS

Many insurance companies require a pre-authorization before any major services are completed. We are happy to file these pre-authorizations for you with an initial \$250 deposit, which will be applied to your portion of the fee for the services being pre-authorized.

For larger, more comprehensive treatment plans of \$500 or more, a 50% deposit will be required to secure your initial treatment appointment. The remaining balance will be due at the time of the final appointment.

This financial policy is to help the office provide quality care to our valued patients. If you have any questions regarding any of the above policies, please feel free to contact us.

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

Signature of Patient or Responsible Party

Date

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