

# Landmark Dental Group, P.C. Financial Policy

Thank you for choosing us at Landmark Dental Group P.C. for your dental needs. Dental Treatment is an investment in one's medical, physical and psychological care. We are always available to answer your questions and assist you in any way we can.

## Dental Insurance

We are happy to file the necessary forms to help you receive the full benefits of your insurance. Your dental insurance is between you, the patient and your insurance company, not Landmark Dental Group, P.C. Our office will bill your insurance company as a courtesy to you. We ask that you pay any copayments and/or deductibles at the time of each service. Any insurance estimate given to you by our office is not a guarantee of insurance payment and there may be a balance remaining after the insurance payment has been received that is your responsibility. If for any reason your insurance company has not paid within 45 days from the date of service, you are responsible for full payment at that time. I understand that I am ultimately responsible for all charges incurred by myself and/or my dependents.

## Payment Options

Interest Free Financing: By arrangement with Citi Health Card, upon approval, we offer zero percent financing with low monthly payments.

Credit/Debit Card Payment Plan: With a signed form, this option allows a payment to be split into 2 or 3 equal payments for large treatment plans for accounts in good standing. These payments are automatically processed on each due date.

Courtesy Adjustment: We offer a 5% courtesy adjustment for most treatment that is paid in full at the time of service for accounts in good standing. All claims are still filed and insurance payments go directly to the insured.

We also accept cash, checks, American Express, Discover, MasterCard and Visa.

## Fail Fees

Our office requires a 48 hour notice to cancel or reschedule appointments. We reserve the right to charge the full appointment fee for failed and/or cancelled appointments without at least 48 hours notice.

## Late Charges

I agree to be responsible for all rebilling fees, collection costs, reasonable attorney fees and court costs if this contract is not paid in pursuant to the terms and conditions stated above.

Responsible Party \_\_\_\_\_ Date \_\_\_\_\_