

Lefter J. Baklas D.M.D.

OUR FINANCIAL POLICY

The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment. All patients must complete our information forms before seeing Dr. Baklas. Please understand that payment of your bill is considered a part of your treatment.

WE ACCEPT: CASH, CHECKS, CREDIT CARDS

Regarding Insurance:

Our billing department will file your insurance claim as a courtesy to you. While we are pleased to be able to provide this service to you, it is extremely difficult for us to keep track of all the individual requirements of each plan. Each plan has different stipulations regarding how often services may be rendered and, even more importantly, where those services may be performed. **Providing quality dental care for our patients is our primary concern.** We are more than willing to provide that care within your insurance contract guidelines. **If your insurance company has not paid your account within 60 days, the allowed balance will automatically become your responsibility.** In addition, it is the patient's responsibility to contact their insurance company to inquire why a claim has not been paid or why any additional payment other than the usual co-payment is due. This may include but is not limited to: deductibles, co-insurance, and treatment that is not covered under your plan's provisions. Please be aware that some of the services provided may include lab fees.

ALL CO-PAYMENTS, CO-INSURANCE AND DEDUCTIBLES ARE DUE AT THE TIME OF SERVICE.

Our practice is committed to providing the best treatment for our patients and we accept your" insurance company's allowable" regardless of our bill and you may be responsible for that amount however we allow room for adjustments.

MISSED APPOINTMENTS:

Unless cancelled, at least 24 hours in advance, our policy is to consider your missed appointment as a "no call, no show". If you accumulate 3 "no call no show" appointments, we will have no choice but to charge you **\$30 dollars** which is the average cost of a co-payment as your scheduled appointment time could have been given to another patient in need of dental treatment. It's important that you arrive on time, our office tries very hard to run on time so if you are late, you may be asked to re-schedule.

Signature_____date_____

Print name_____