

Financial Policy

Thank you for choosing Lake Keowee Dental for your dental needs. Our office is committed to providing you with the best care possible. We appreciate the opportunity to care for you and your family. In order to provide you with accurate information and to avoid any confusion regarding payment for dental services the following information is provided to you. Please sign below that you have read and agree to this policy.

Payment Policy

Payment is due at the time services are rendered. If you have insurance, you are expected to pay your estimated portion the day services are rendered. After insurance has paid you are responsible for any remaining unpaid balance. We accept, Cash, Check, Visa, MasterCard, Discover, and American Express. Any returned check is subject to a \$35.00 returned check fee. If a patient is younger than 18 years of age, we require a parent or guardian to be responsible for the account, and to be in accordance with the requests shown above. If you need to make monthly payments, we accept Care Credit. If your account is overdue for longer than 90 days, it may be referred to a collection agency.

Insurance

As a courtesy, we file insurance. We strive to provide you with the most accurate estimate of your insurance benefits when you schedule treatment. However, this is just an estimate and not a guarantee of payment from your insurance company. Your insurance policy is a contract between you and your insurance company and we are not a party to that contract. It is your responsibility to notify us of any changes to your insurance coverage. This is your insurance policy and we require that you know your benefits regarding maximums, waiting periods, benefit periods, and deductibles. Please know that any information required from your insurance company regarding the treatment performed will be provided by us as it is requested.

Patient Name: _____

Responsible Party Signature: _____