



Financial Agreement Lanz Associates in Dentistry

This financial agreement is intended to inform you of your financial obligation to our practice, and to facilitate our ability to provide excellent service to you while minimizing our administrative costs.

We are committed to providing you with the most comprehensive dental care using the highest quality materials and technology available in the market. We are committed to providing you with up-to-date information and educational tools so you may fully participate in maintaining optimum oral health.

All charges you incur are your responsibility regardless of your insurance coverage.

With that being stated, as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is an agreement between you and your employer, and the insurance company. It is your responsibility to know your coverage, benefits and insurance information. Our practice is not a party to that agreement. If payment from your insurance company is not received within 60 days from that date of service, you will be expected to pay the balance in full.

As a courtesy to you, we will help you process all your insurance claims. You may direct your insurance company to pay your benefits directly to our practice by signing the authorization on this *Assignment of Benefit Agreement*. In order for our practice to file your insurance claim, you must bring a completed dental insurance form or proof of insurance to each appointment.

Your estimated copayment for treatment, which is the amount not covered by your insurance, is due at the time treatment is provided. (This may be adjusted after the time of treatment, depending upon the final reconciliation of insurance payments).

Our practice accepts cash, personal checks, MasterCard, Visa, Discover and American Express. Third party extended payment financial is available upon request and approval.

***Returned checks and balances older than 30 days regardless of insurance coverage, will be subject to collection fees and finance charges at the rate of \$50.00.**

***Additionally, our practice will charge you for appointments that you do not keep and for appointments that you do not cancel with a 24-hour notice (\$75 charge).**

Please do not hesitate to ask if you have any questions regarding this financial agreement. We are committed to providing you will the ultimate experience in dental care.

Signature: _____

Date: _____