

**Thank you for choosing Anne Lyon as your dental care provider. We are committed to quality patient care. The following is a statement of our Financial Policy, which we want you to fully understand prior to treatment.**

## **Financial Policy**

Please understand that payment of your bill is considered a part of your treatment plan. If you are unable to pay in full today, please inform the front desk personnel so that we may discuss the financing options available to you. Upon credit approval, you may be eligible for an interest free payment plan.

We accept cash, checks, and most major credit cards. Full payment is due at time of service.

### **Regarding Insurance**

We may accept assignment of insurance benefits on your first visit. This means that your insurance company will pay us instead of you. However, your insurance policy is a contract between you and your insurance company. We have no control over their decisions and the amount they decide to pay.

Before filing a claim on your behalf, we will attempt to verify your coverage and calculate your deductible and co-payments as accurately as possible. All deductibles and co-payments are due at the time of service unless prior arrangements have been made.

You should be aware that your insurance company would not guarantee payment over the telephone. We will not know the exact amount they will pay until they respond to the claim. Regardless of what your insurance company decides to pay, you remain fully responsible for payment of your bill. Once payment is received on your claim, we will send you a bill for any remaining on your account.

**I have read and understand the above Financial Policy. By signing below, I acknowledge responsibility and agree to the terms as written above.**

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Signature of responsible party

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Date

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Print name