Lake Ridge Orthodontics

WELCOME to OUR OFFICE

We would like to welcome you to our orthodontic practice. We strive to provide quality care for our patients in a pleasant and comfortable environment.

Our Financial Policy

Most orthodontic treatment services are set up on an individual payment plan and accounts are billed and due the first of each month unless other arrangements are made. Payment coupon booklets are provided. We accept Cash, Checks, Money Orders, VISA, MasterCard, Discover, and CareCredit as methods of payment. There will be a charge of $25.00 for each check not accepted by the bank. Any billing, non contract related, ie, replacement or repairs of retainers, removals, and any other miscellaneous office visits are billed and due upon services rendered. Monthly statements will be sent to inform you of any outstanding balances. Payment is due in full at the time you receive your statement. Any account not paid in full within 30 days of the due date will be considered overdue. We may require a credit card be kept on file and recurring payments be established for any unpaid balances.

Collection Policy

If an account is overdue and unpaid after 90 days, it may be turned over to a collection agency/ attorney for collection. Overdue accounts turned over for collection will be subject to any and all collection/attorney fees including court costs. Interest will be added on each account overdue at the rate of 1.5% per month (18% annually) from the original due date.

Appointments

Patients are scheduled and seen by the Doctor on Mondays, Tuesdays, and Thursdays. Your appointment time is reserved exclusively for you and we ask that you arrive at your scheduled time. We require a 24 hour prior notification for cancellation or rescheduling. A minimum of $50.00 will be charged for any failed or cancelled appointment without the 24 hour prior notification. For the courtesy of all patients who have scheduled appointments, any patient without a scheduled appointment, will be required to schedule an appointment at a later date/time. We ask that you call ahead in the event of an emergency.

About Insurance

As a courtesy, we will be more than happy to submit your primary insurance. Anyone with multiple insurance, we will file the initial claim, however, the benefit will be paid to you directly. As a reminder, your insurance policy is a contract between you and your insurance company. The terms and details of your contract is your responsibility. Please keep in mind your dental insurance does not always cover the costs of all services rendered, therefore, you are responsible for any charges incurred that are outside the benefit limitations. If your insurance carrier fails to pay benefits as anticipated, our financial policy requires all remaining balances be paid in full within 30 days of the final billing date. Also, orthodontic benefits are a **lifetime** maximum and in most cases the benefits are paid out over the length of treatment. Upon cancellation/termination of the insurance policy, the benefit stops, and any remaining balance is added to your personal ledger, increasing the remaining monthly payments under contract, or will be due in full if your original personal balance has been satisfied.

I understand it is my responsibility to notify your office of any changes in my dental insurance coverage and/or eligibility status before my next scheduled appointment.

I acknowledge that by signing below, I understand and agree to your financial policies and consent to the terms stated herein to include the interest and collection/attorney's fees. I also understand if I do not currently have dental insurance, the dental insurance policies will apply to any dental insurance coverage I obtain in the future.

Patient Name **Patient # (Office Use)**

Patient/Parent/Guardian Signature **Date**