

Laws Dental

636-296-8080

FINANCIAL POLICY

Thank you for choosing our office as your dental health care provider. We are committed to providing you with the highest quality lifetime dental care, so that you may fully attain optimum oral health. Please understand that payment of your bill is considered part of receiving your treatment. The following is a statement of our financial policy, which we ask that you read, agree to, and sign prior to continuing treatment.

Do You Have Insurance?

- As a courtesy to you we will help you process all your insurance claims. Please understand that we will provide an insurance estimate to you, however it is not a guarantee that your insurance will pay exactly as estimated. Your insurance company and your plan benefits ultimately determine the amount paid. We will, of course do all we can to make sure your estimate is as accurate as possible.
- All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental (health) care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and your insurance company. Our office is not a party to that contract.
- We ask that you sign this form and/or any other necessary documents (i.e. student status, coordination of benefits, etc.) that may be required by your insurance company. This form instructs your insurance company to make payment directly to our office.
- We ask that you pay the deductible and co-payment, which is the estimated amount not covered by your insurance company, by cash, check, MasterCard, Visa or Discover at the time we provide the service to you.
- Insurance payments are ordinarily received within 30-60 days from the time of filing. If your insurance company has not made payment within 60 days, we will ask that you contact your insurance company to make sure payment is expected. If payment is not received or your claim is denied, you will be responsible for paying the full amount at that time.
- We will cooperate fully with the regulations and request of your insurance company that may assist in the claim being paid. Our Office will not, however, enter into a dispute with your insurance company over any claim.
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PLEASE NOTE:

A fee of \$50 is charged for patients who miss an appointment or do not give 2 business days notice. Dr. Joseph Laws charges \$25 for returned checks. In case it becomes necessary for our office to enlist a collection service and/or legal assistance, you will be responsible for any collection and/or legal charges incurred.

We thank you for the opportunity to serve your dental health care needs and welcome any questions you may have concerning your treatment plan, care, or our financial policy. If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you need.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS.

Patient Name (Please Print)

Date

Signature of Patient (Guarantor, if Minor)