

\* FOR A COPY OF THIS AGREEMENT, PLEASE ASK OUR STAFF \*

## Patient Financial Agreement

Lakeway Dental Center, PLLC

Dana M. Johnson, D.M.D.

1277 Hwy 11W Bean Station, TN 37708

Phone: (865) 993-2225 Fax: (865) 935-0117

To control overhead costs and unfortunate misunderstandings, Lakeway Dental Center, PLLC requires all patients to make financial arrangements with us prior to beginning treatment. For your convenience, we have many different payment options including Cash, Check, Visa, MasterCard, Discover and CareCredit. By accepting treatment, you are also accepting the responsibility for payment of treatment in accordance with this office's financial policy defined below:

**1. Basic Financial Arrangements:** Payment in full is due on the date of completion, including copays and deductibles. If financial arrangements are required, we are pleased to offer a 6-month or 12-month interest free payment plan through CareCredit. CareCredit is a service offered by GE Capital Consumer Card Company. It is a flexible, monthly payment plan that can be used immediately. If you wish to make payments over time, please review the CareCredit brochure and complete the simple and brief application prior to the day of service. If you qualify, we will apply your patient balance to your CareCredit card. Please ask a staff member if you would like more information.

**2. Estimation of Insurance Coverage:** As a courtesy, this office will estimate the insurance coverage from the information you and your insurance company provide. This estimation may differ from the payments that are ultimately made by your insurance carrier and you will be responsible for any amounts not paid by insurance for any reason. It is solely your responsibility, and not the responsibility of this dental office, to confirm with the insurance company which procedures will be covered by your insurance policy.

**3. Pre-authorizations:** Pre-authorizations may be submitted for procedures on your behalf, but it is ultimately your responsibility to confirm insurance coverage for all procedures prior to the beginning of each procedure.

**4. Insurance Maximums:** Most dental plans have a maximum payout per year and it is your responsibility to know how much of this maximum you have used for the year, including amounts paid out to other dental offices (most plans have a \$1000.00 maximum, some have up to \$1500-\$2000 maximum per year).

**5. Insurance Claims:** With your authorization, all insurance claims will be filed as a courtesy to you, but are subject to review by your insurance carrier. This office will submit a claim with your insurance carrier up to 2 times per appointment; however, any further insurance appeal will be your responsibility. Your account will be automatically charged 60 days from the date of services rendered and you will be responsible for paying all charges not covered by your insurance benefits.

**6. Account Balances:** Any and all account balances over 60 days old are subject to incur a monthly interest charge at the maximum legal rate allowed. You will be given 120 days from the date of services rendered to pay the account in full, or make payment arrangements with this office, before further action will be taken. You will also be responsible for any collection fees incurred during this process.

7. **Discontinuation of Procedure:** By opting to discontinue a procedure already in progress including, but not limited to partials, dentures, crown, bridgework, surgical or implant preparatory work, you will be responsible for all lab related costs for materials and services that have been provided prior to our receipt of written notification of your intent to discontinue treatment. All such costs will be deducted from any refund that you may be entitled to receive.

8. **Broken/Failed Appointments:** We will attempt a courtesy call as a reminder of your appointment at least 24 hours prior to your scheduled appointment. Failure to contact you should not be construed as cancellation of the appointment. An appointment will be considered FAILED, if the patient (guardian) does not cancel the appointment at least 3 hours prior to the scheduled start time, or if a patient is not present in the office at least 15 minutes past their appointment is scheduled start time. Future appointments may be cancelled based on the patient's past history of failed appointments. Due to an overwhelming demand for appointments, we follow a strict policy of attendance allowing ONLY 3 FAILED APPOINTMENTS WITHIN ONE YEAR (365 days). Patients will be dismissed from our office upon the third failed appointment. By Tennessee State Law, we will continue to see you on an emergency basis for 30 days from the above mentioned date of dismissal.

9. **Dispute of Charges:** You have the right to dispute charges on your account and, by signing below, you agree in good faith to resolve such disputed charges with this dental office. In the event that you are unable to resolve such matter directly with the patient liaison. You also agree to pursue resolution through an informal mediation process with a Lakeway Dental Center representative rather than through civil litigation.

10. **Workman's Compensation:** We will assist with completing paperwork; however, the responsibility to file with the insurance company will be yours. The patient is responsible for payment at the time services are provided.

11. **Personal Injury Cases:** This office does not accept liens nor bill auto accident, liability or lawsuit related cases. The patient is responsible for payment at the time services are provided.

12. **Divorced Parents:** Both parents are responsible for a minor child's bill and both parents will be held accountable. We are not a party to your divorce decree. It will be up to the parents to determine who has financial responsibility.

**\*For questions concerning this contract, insurance eligibility or coverage, or to make financial arrangements, please call our office to schedule a financial consultation with Libby Langston. She will gladly discuss your insurance or other financial questions to the best of her ability.**