

**Financial Policies**

Welcome to Ledger Dentistry. We are dedicated to providing you with the highest level of Dental care in a compassionate and proficient manner. That’s why we always present you with the best dental solution possible to treat your personal situation. **All patients are expected to complete a patient Financial Responsibility form. You will need to read carefully the financial policies below as we do not make exceptions to these policies.**

We welcome you to our family and look forward to helping you get the healthy, beautiful smile you’ve always wanted. If there is anything we can do to make your visits here more pleasant, please don’t hesitate to ask one of our staff members.

* **We do require PAYMENT IN FULL for your portion AT THE TIME OF SERVICE.**
* For Services that take multiple visits Such as Crowns, Bridges, Dentures, Etc. PAYMENT IN FULL IS DUE AT THE **FIRST** VISIT unless prior arrangements have been made.
* We accept MasterCard, Visa, Discover, cash, and checks.
* Any account balance for which no payment is received within 30 days and for which no payment arrangements are made will incur a late fee of $15.00 for each billing cycle & may be sent to a collection agency.
* The Patient will incur any fees for the expense related to collections.
* As a courtesy to our patients we will bill any insurance company. We are not a restricted provider for any Insurance company. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE.**
* If you have any questions regarding your dental benefits please ask us or contact your employer or insurance company directly. Dental benefit plans will never pay for all of your dental care they are only meant to assist you.
* It is your responsibility to know the limitations set forth by your insurance company; such as frequencies for cleanings, Crowns, Prosthetics, films, etc. and whether or not a particular service is covered at all. Ultimately, you are responsible for all charges incurred in our office**. If you would like a copy of the benefits given to us by your insurance company we can provide you with that.**
* If you must change your appointment, we require at least 24 hour notice to avoid a $45/hour cancellation fee. We are reasonable and understand that emergencies happen and the fee can be waived at times, but multiple failed appointments will be charged the cancellation fee.
* Patients who’s checks are returned to our office will incur a $30.00 service charge.

Patient Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_