

Thank you for choosing Lincoln Village Dental for your dental needs. We are committed to providing you with *exceptional dental care*. Delivering optimum care in a professional, friendly atmosphere is something we aim to achieve with all our patients. Financial considerations should not be an obstacle to obtaining this important, life enhancing care. We are always available to answer your questions and assist you in anyway we can. We have created the following guidelines in order to assure open and clear communication and provide quality dentistry.

For our patients with dental insurance: We are happy to assist you in filing the necessary forms to help you receive the full benefit of your dental coverage. Insurance policies vary greatly; therefore please understand that we can only estimate your dental coverage in *good faith*. The insurance relationship constitutes an agreement between the carrier, employer and the patient. As such, we can make no guarantee of the estimated coverage or insurance payment. We are an amalgam-free practice, so please keep in mind that you may owe an additional co-payment for posterior (molar & bicuspid teeth) composite (tooth-colored) fillings, based on your insurance policy guidelines. Please know that we will do everything within reason to see that you receive the full benefits of your dental policy. Any insurance claim not paid in full after 60 days, will become the account holder’s responsibility.

Appointment scheduling changes: Once an appointment has been made, please remember that this time has been reserved specifically for you. We reserve the right to charge a \$100 fee for all cancelled or failed appointments without a 2 working day notice.

Payment Options (please check)

○ Payment as Services are Rendered:

When paying the estimated amount for treatment, at the time services are rendered, we gladly accept cash, personal checks, and most major credit cards. **Because we cannot guarantee your exact insurance coverage, there may be a balance remaining after the insurance payment is received.** Should you wish, you may leave a credit card on file for any balance that may be owed.

○ Prepayment Courtesy:

We are happy to offer a 5% bookkeeping courtesy for all treatment over \$500 that is paid in full, prior to the day of treatment, by cash or check.

○ Monthly Payment Plans:

“Same as Cash” Interest-Free Credit Line

Monthly payments, (6, 12 & 18 months), interest free. This option is offered by Citi Heath Card thru Citibank. (Credit application required). An additional option is available thru Citi Health, with lower monthly payments, but interest will apply.

Please check if you are interested in lower monthly payments with interest.

“Lay-Away” Plan

Treatment commences after comfortable monthly payments are made, which equal the estimated patient portion.

Signature of Patient _____ Date _____

(Or Guardian if under 18 years of age)