

## Written Financial Policy

Thank you for choosing Lemay Family Dentistry LLC. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of our mission here is to provide exceptional dental care at a minimal expense to the patient. One way we keep our fees low is by having our patients pay <u>at time of service</u>. We try to make the cost of optimal care as easy and manageable for our patients as possible by also offering several payment options.

## **Payment Options:**

You can choose from:

- Cash, Check
- Credit Card: VISA®, MasterCard®, American Express®, Discover Card®
- CareCredit® Healthcare Credit Card
  - Allow you to pay over time¹
  - No annual fees or pre-payment penalties

## Please note:

Lemay Family Dentistry LLC requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.<sup>2</sup>

Lemay Family Dentistry LLC charges a 10% late payment fee for all unpaid balances without financial arrangements that are past due by 30 days. Our office will also charge a \$25 fee for all returned checks and \$50 for same day cancellations. Please give more than 24hrs notice if cancelling an appointment.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

## PLEASE PRINT AND SIGN BELOW

Patient Name (Please Print)	Date	
Patient, Parent or Guardian Signature		

<sup>&</sup>lt;sup>1</sup>Subject to credit approval

<sup>&</sup>lt;sup>2</sup>However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.