OFFICE POLICY FORM

PATIENTS WITH INSURANCE COVERAGE
We will be glad to help you obtain the appropriate benefit from your insurance carrier and bill your carrier as a courtesy to you. However, you are responsible for the payment of the account.

Portions of the bill may not be paid by the insurance company and are to be paid by the patient. Sometimes there is a co-payment required by you as per your insurance agreement. Even if you have double coverage (this is possible if you and your spouse both have insurance) there may still be a portion that will be your responsibility.

Lehigh Dental does white fillings only; it is not always covered by dental insurance. Therefore you are responsible for the difference between the price of the silver filling and the white filling.

If you are having treatment over a period of time, we appreciate payment during the course of treatment.

PATIENTS WITHOUT INSURANCE COVERAGE Patients without insurance coverage are required to pay for services as rendered.

ADDITIONAL TERMS
Appointments failed or cancelled with less than 24 hours notice are subject to a $25.00 cancellation charge for each ½ hour of time. Checks returned by your bank are subject to a $25.00 processing charge.

We would like to take this opportunity to welcome you to our office and assure you that we will do our utmost to provide you with the best care possible!

I have read and understand the financial policy of Lehigh Dental.

_____ _____
(Signature of Patient or Guardian) (Today's Date)

To make billing easier on all of us we can put your credit card number on file. Please fill out the portion below:

☐ VISA ☐ MASTERCARD ☐ DISCOVER (Please Check One)

Card Number: _____

Expiration Date: _____ / _____ CVV2 Number: _____

Signature: _____

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