



ABOUT YOU AND YOUR DENTAL INSURANCE WELCOME TO OUR PRACTICE!

We are committed to providing you with the best possible care. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payments for services are due at the time services are rendered. We accept cash, MasterCard, or Visa. We also have financing options available. We will be happy to help you process your insurance claim. Any such request must be accompanied by complete insurance information (and form(s) if available).

We will gladly discuss and answer any questions in regards to your proposed treatment and about your dental insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage of the "U.C.R" fees. "U.C.R." is defined as the usual, customary, and reasonable fee for this region.
This statement does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services, the amount, or a percentage that they will cover.
4. The insurance will only give us an estimation of what your benefits cover. There is no guarantee of payments from your dental insurance. Therefore, we can only offer you an estimation of what your portion may be.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered.

Returned checks are subject to a charge fee of \$25.00. Subsequent checks will be subject to a charge of \$35. Balances older than 60 days are subject to \$25.00 per month and/or sent to a collection agency. Charges of \$50.00 per hour (or any fraction thereof) may also occur for broken appointments and appointments without 24 hours advance notice.



LUC DENTAL CARE
FAMILY AND COSMETIC DENTISTRY

By signing below, you understand all that was written above and you have had a chance to ask any questions about the above information or any uncertainty regarding insurance coverage.

Signature: _____ Date: _____

Printed Name: _____