

Patient's Name: _____

LEHIGH VALLEY DENTAL SOLUTIONS

FINANCIAL POLICY

Patient's with Dental Insurance: Patient's with dental insurance are required to pay their co-pays and deductible at the time services are rendered. We will make our best effort to calculate your co-pay. Please keep in mind it is only an **estimate** and we base all of our calculations on your insurance plan. Every insurance policy has variations; if we overestimate or underestimate your co-pay we will: credit your account, issue you a refund or bill your account for the balance.

ULTIMATELY IT IS THE RESPONSIBILITY OF THE PATIENT TO PAY IF INSURANCE DOES NOT.

Patient's without insurance: Payment is expected in full at the time services are rendered.

The following methods of payment are accepted:

Cash, Check, Visa, MasterCard, Discover, Care Credit

CANCELLATION POLICY

The appointment you made is especially reserved for you. We require a minimum of 48 hours' notice for any appointment changes such as cancellations or rescheduled appointments.

A fee of \$50.00 will be charged to your account if 48 hours notice is NOT given.

If you fail to show for your scheduled appointment and neglect to give a courtesy call a fee of \$75.00 be automatically be charged to your account.

Repeat cancellations and/or no shows will result in an automatic charge equivalent to the amount of services that were to be provided at that reserved appointment.

We will require pre-payment after 2 consecutive cancellations and/or no shows, prior to scheduling another visit.

We do understand emergencies arise, but we ask you treat your dental appointments with priority.

I have read the above financial and cancellation policies and agree to both.

Patient/Guardian(s) signature

Date

• 3258 Cherryville Road Northampton, PA 18067 P: (610)262-1556 F: (610)262-2245 •