

# **Louisville Dental Associates**

## **Financial Policies**

In order to enhance communication and promote understanding regarding this office's Financial Policies, please read through the following information. After reading, please enter a check-mark below indicating that you fully understand these policies. This form must include your authorization in order to proceed with your scheduled appointment. If you have any questions or concerns, please ask to speak with one of our treatment coordinators.

**INSURANCE:** Louisville Dental Associates is happy to bill both primary and secondary insurances as a courtesy to the patient. It is understood that the dental insurance is a contract between the patient and the insurance carrier and not between the insurance carrier and the practice. It must be understood that each patient is ultimately responsible for the cost of the services rendered. All insurance benefits are assigned to the practice. Louisville Dental Associates does its best to estimate accurate insurance coverage and patient portions due, however if the insurance company does not pay the full amount anticipated, the patient is responsible for the difference. Payment would be expected within 30 days of receiving a statement.

**PATIENT PAYMENT:** The patient portion due for services rendered is expected at the time of services unless previous arrangements have been made with the treatment coordinator. Louisville Dental Associates accepts cash, checks, most major credit cards and Care Credit. A late charge may be added to any overdue balance. Credit reports may be obtained when appropriate.

**FINANCING:** Louisville Dental Associates offers financing with no and low interest rate plans. Please consult with the treatment coordinator prior to the date of scheduled appointment for more information on available financing options. **NO SHOW/MISSED APPOINTMENTS:** Louisville Dental Associates requires a notice to cancel or reschedule an appointment at least 48 hours business hours in advance. If 48 business hours' notice is not given, a broken appointment fee of \$50 per hour will be charged to the patient.

**CREDITS ON ACCOUNT:** If an insurance payment and/or personal payment creates a credit on the account, Louisville Dental Associates will either refund the patient or leave the credit on the account to be applied toward future treatment.

**COLLECTIONS:** On occasion, after repeated attempts to collect a balance due, Louisville Dental Associates may need to turn an account over to a collection agency. Should this occur, it is agreed that the financially responsible party shall pay all finance charges, collection costs, court costs, attorney fees, and any other costs that may be incurred to enforce collection of any amount outstanding.