

Perio Health Partners/ Dr. Mary Ann Lester

Office financial policy

It is our policy to discuss treatment plans with all patients or guardians before dental treatment is started. A complete estimate of fees and method of payment will be discussed after your initial consultation.

Dental insurance: this office is happy to cooperate with individuals who are covered by dental insurance. We ask that you carefully read your policy to be sure that you are fully aware of any restrictions that apply to the benefits provided. Dental insurance is a contract between the patient and the insurance company Dr. Lester participates with Blue Cross Blue Shield/Excellus dental insurance program directly, but the office will file all claims for all insurance companies.

To prevent any misunderstanding concerning dental insurance payment the following policy has been established:

1. payment for surgery must be paid one week prior to your scheduled date
2. we will complete and mail your insurance forms for you. Please keep in mind that you are responsible for payment for services rendered
3. a pre-estimate form can be submitted to your insurance company for authorization of benefits prior to treatment being started. Please keep in mind that these may take 4 to 6 weeks for a reply.
4. Pre-determinations are not a guarantee of payment. It is the patient's responsibility to know how much their yearly benefit is remaining for the year. Most insurance companies have websites so that you can conveniently access what benefits you have used or and how much you have left for the year

Method of payment:

1. Full payment at each appointment is expected in the form of cash check credit card (Visa, MasterCard, Discover, American Express, debit card, or care credit)
2. Care Credit: If you would like to make payment arrangements please see our front desk for information on this program
3. Interest charges of 1.5% per month are placed on the account if payment is 60 days past due

Cancellation policy:

1. There will be a **\$50 charge** for any periodontal maintenance appointment that is not canceled 48 hours prior to your scheduled appointment
2. there will be a **\$500 charge** for any surgical appointment that is not canceled one week prior to your scheduled appointment.

I have read and understand my financial responsibility at Perio Health Partners/ Dr. MaryAnn Lester's office. If my account goes past 90 days, I understand I will be responsible for any charges associated with collection proceedings.

Patient signature: _____ Date: _____