

GUY G. LEVY, D.D.S.
CORINNE R. HOFFMAN, D.D.S.

INSURANCE AND FINANCIAL GUIDELINES

In our efforts to always communicate openly and honestly, we would like to share the following guidelines with you.

Payments:

1. Payment is required at the time services are rendered. For our patient's convenience, we accept VISA, MASTERCARD, AMEX, DISCOVER, CHECKS, & CASH.
2. Extended Payment Plans: Over (90) ninety days, financing is available through our financial partner, **Care Credit**.
3. ALL LAB RELATED CASES REQUIRE AN INITIAL PAYMENT OF 50% DOWN AND THE BALANCE WHEN THE CASE IS COMPLETED.
4. All financial arrangements must be made prior to treatment with the Financial Coordinator.
5. Please note accounts over 60 days will have a \$10.00 late fee assessment.
6. There is a \$35.00 fee for returned checks.

Insurance Information:

1. We are happy to work with your insurance and help you get the maximum benefit allowed under your plan. Because your insurance is a contract between you, your employer and the insurance company, we often are not aware of every covered benefit in every contract. Not all services are covered benefits in every contract. You are responsible for knowing benefit limits and exclusions. It is **your** responsibility to know your deductible and percentages of coverage and frequency limitations.
2. Your total *estimated* co-payment and/or deductible is due at the time services are rendered. Any remaining balance not covered by your insurance policy's coverage, will be billed to you.
3. Insurance companies may have alternative benefit provisions. These state that insurance companies can pay benefits for the least expensive form of treatment, i.e. composite (tooth colored) fillings may be paid as amalgams (silver) and these provisions make the co-payments higher.
4. Some insurance companies have different frequency limitations for x-rays. It is your responsibility to know your insurance frequency limitations; however, our proposed treatment will not be dictated by your insurance coverage.
5. Pre-authorizations are available upon request for all proposed treatment. **Please note that pre-authorizations are not guarantees of payment.**

Appointments:

As a courtesy, we request 24 hours notice in order to change an appointment. **Patients that miss or do not give us the courtesy of 24 hours notice may incur a broken appointment fee of \$75.** This enables us to be able to give the appointment time to an emergency patient or patient that has been waiting for an appointment. We appreciate your cooperation.

In the event of default payment due to Guy G. Levy, DDS, PC, I agree to pay all costs of collection including a 33 1/3% attorney's fee. I authorize the use of a photocopy of my signature.

I have read and understand the above policy.

Signature of Patient or Parent/Guardian of Child

Date