

JONATHAN A. LEVEY, D.D.S.
FAMILY DENTISTRY
(425)391-5511

INFORMATION POLICY ABOUT YOUR DENTAL SERVICES

Our office strives to maintain a high-quality, personal Dental Practice committed to excellence. Our goal is to involve you as an active participant in your dental care. In order for us to provide quality, efficient, care, we would like to share information with you about financing healthcare. We hope that by providing you the following information, we can prevent misunderstandings and that you will be comfortable discussing financial and insurance matters with us.

- We request that you pay in full at your first visit if you don't have dental insurance. If you have insurance, please pay that portion which insurance does not cover.
- We accept VISA, MASTERCARD and CARE CREDIT
- Remember that, if you have insurance, the insurance contract is between the patient and the insurance company. The patient is responsible for all account balances, even with insurance benefits. We will bill your insurance as a courtesy to you, but we cannot guarantee your benefits. We will only bill those insurance companies for which you provide written information to us prior to the treatment given. If your insurance provider informs us of benefits that you are entitled to, we will advise you of same. Any oral representation we make in good faith to you concerning your insurance is not binding on us and will not in any way or for any reason be considered a modification of this in writing.
- This information sheet is the full and final agreement between this office and you regarding your insurance and benefits, and may not be modified without a written agreement signed by you and this office.
- Within 30 days of service, the balance should be paid in full. Interest will be charged at 12% per year (1%per month) on balances over 90 days past due.
- Many insurance plans cover a certain percentage of the fees. Normally, the insurance company will cover the "usual and customary fees." These benefits are determined normally by how much your employer paid for the plan. Your insurance, as a result, may cover less than you thought they might have. Please be familiar with the benefits provided by your plan.
- The age of majority in this state is 18 years old. The parent that brings in the minor child is responsible for payment.
- Past due accounts will be sent to a collection agency at our discretion. We charge \$25.00 for checks returned due to insufficient funds.
- Broken appointments are charged a \$75.00 fee if a least 24 hours notice is not given.
- I understand credit information may be accessed in order to determine my credit worthiness. I understand that I am responsible for the entire balance of the account and that this office is extending credit to me.

I AGREE THAT I AM RESPONSIBLE FINANCIALLY FOR ALL BALANCES DUE.

Signature _____ Date _____

Printed Name _____