

Insurance & Payment Agreement

Our mission at Lake Chaparral Dental Care is to provide excellence in dentistry that meets your individual needs.

As your dental health care providers, our job is to **assess your oral condition and advise you** of the health of your mouth or of any decay, infections, tissue damage, bone loss or other conditions you may have.

Just like any other doctor, we are obligated to treat all patients the same. **We advise you of treatment options based on your condition, regardless of whether or not you have insurance or what it may or may not cover.** Insurance plans are **not** designed to meet individual treatment needs. You can choose to proceed or decline treatment. If you have the benefit of some insurance coverage, it is your responsibility to know what is and what isn't covered. We will gladly submit an estimate to your insurance for you.

Just like any other service elsewhere, **payment is expected the day of your appointment.** Please choose your preferred method of payment:

Option #1 **Payment in full on day of appointment. Benefit from insurance company paid directly to you.**

Payment is made in full by cash, interact, Visa or MasterCard by patient or guardian for the patient. We will process your dental insurance claim for you. **Any insurance benefit payment owing is sent directly to you,** usually between 1-5 business days. Patients choose this method to avoid any balance from ever accruing on their account, and to keep their account simple and easy to understand.

Option #2 **Insurance pays Lake Chaparral Dental Care directly + patient or guardian pays their portion directly. To choose this option, a credit card is required on file.**

We will accept payment directly from your insurance company if your insurance allows for it, and:

- Your portion is paid on the day of your visit (or as soon as your ins. company indicates what the portion is)
- A valid credit card is kept on file, to which your payment will be billed if you either 1) authorize it 2) can't make it to the office to make your payment within 5 business days. (*we will always contact you first prior to charging your card.)

To choose this option, provide a credit card number & sign below:

I hereby agree to assign payment of my dental benefits directly to Lake Chaparral Dental Care. I hereby authorize Lake Chaparral Dental Care to charge my credit card below, for any balance over 5 days past due.

CREDIT CARD NUMBER: _____ EXPIRY: ___/___

NAME ON CARD: _____ CSV: _____

PATIENT NAME: _____

PATIENT SIGNATURE: _____ DATE: _____