Our Financial Policy

Michael A. Laun, DDS

Thank you for choosing us as your dental health care provider. We are committed to you and your dental health care. Please understand that payment of your bill is considered part of your care. The following is a statement of our financial policy. We require all of our patients to read and sign it prior to treatment or consultation.

I. **FULL PAYMENT IS DUE AT TIME OF SERVICE.**
For your convenience, we accept cash, checks, Visa and Mastercard.

II. We accept assignment of insurance benefits for you insurance plan. However, the balance is your responsibility whether the insurance company pays or not. We cannot bill your insurance carrier unless you give us your current insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to the contract. In the event we do accept assignment of benefits, we require that you be pre-approved on one of our payment options. If your insurance company has not paid your account in full at the end of 90 days, the balance will automatically be transferred to your account for payment in full. Please be aware that some, or perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under some dental insurance plans. All co-pays and deductibles are due prior to treatment. The law does not allow us to write off co-pay or deductible amounts. **Please note:** you are responsible for payment regardless of an insurance company's arbitrary determination of usual and customary rates. Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area.
In the event that your insurance coverage changes to a plan where we are not a participating provider, please refer to section I above.

III. **CARE CREDIT –** care credit it an affordable payment program that allows you to begin treatment quickly. You can finance 100% of your treatment and get up to 12 months of interest free.

IV. **10% DISCOUNT** – We offer our patients a 10% discount if they prefer to pay for their entire treatment in advance. To qualify for the discount, you must pay before the date of treatment.

V. **MINOR PATIENTS** – An adult accompanying a minor is responsible for full payment, unless previous financial arrangements have been made with the parent or legal guardian. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan.

VI. **MISSED APPOINTMENTS** – Unless cancelled at least 24 hours in advance, we reserve the right to charge for missed appointments at the minimum rate of $50. Please help us serve you better by keeping scheduled appointments.

VII. **INTEREST** – We reserve the right to charge interest in the amount of 18% as provided by Texas State Law. The minimum payment due shall be the greater of $20 or 10% of the sum of the total account balance at the time the statement is printed.

Thank you for understanding our financial policy. Please let us know if you have questions or concerns.
I have read the financial policy and I understand and agree to its terms.

X_____ Date_____

Signature of patient or responsible party