

William D. Lessne, DDS
Financial and Privacy Policy

Thank you for choosing us as your dental care provider. We are committed to making all aspects of each visit to our office a positive experience for you. Please understand that payment of your bill is considered part of your treatment. It is our policy to provide the best dentistry for you. To do this, it is important that we do not allow dental benefits to be a determining factor in the diagnosis. Your treatment is based upon your needs, and we assume that you are as concerned as we are about maintaining your good health. Our entire team is pleased that you have insurance benefits to help you and your family with the cost of dental care. We would like to help you obtain the maximum use of these benefits. With this in mind, please read the information on our insurance claim process so we can work together to ensure these benefits.

DENTAL BENEFIT EXPLANATION: We will gladly file your insurance claim each time services are rendered. As a courtesy, each time services are rendered at our office we generate a dental claim form, attach the necessary x-rays, narratives and/or photos and either send it via mail or electronically to your insurance company. Your insurance company will process the claim based on the plan your employer has chosen. Dental insurance is a contract between employer and the patient. The extent of coverage varies greatly from company to company, and sometimes even within company. It has absolutely nothing to do with the level of services provided by us and the fee charged for these services. An often-misunderstood term used by many insurance companies is "UCR". This is an arbitrary fee ceiling at which the insurance company will stop reimbursement. These fee ceilings were often set 10-15 years ago. Your employer decides the level of coverage and the benefit package for you as an employee. As a courtesy to our patients we try to familiarize ourselves with the latest insurance updates, however, it is ultimately your responsibility to know all the exclusions and waiting periods of your dental plan. We will only collect your portion plus any deductible at the time of service with the understanding that you will be responsible for any balance that your insurance does not cover.

FINANCIAL OPTIONS: PAYMENT IS DUE AT TIME OF SERVICE. We accept American Express, MasterCard, Visa, Discover, Cash, and checks. Our office also offers an outside financing company called Care Credit that is endorsed by the American Dental Association.

MISSED APPOINTMENT: Perhaps you are not aware, but canceling an appointment on short notice you actually take up to two appointment slots (the one that was cancelled, and the new appointment made). Unless cancelled at least 48 hours in advance, we reserve the right to charge for the missed appointments that you scheduled at the rate of normal visit. As a courtesy we will send out a reminder card and call to confirm appointments, however, it is your responsibility to call if you need to cancel. Please help us serve you and other patients better by keeping your appointment.

MINOR PATIENT: The adults accompanying a minor and the parents (or a guardian of a minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, major credit cards, or payment by cash or check at time of service has been verified.

PRIVACY POLICY: Our office does not disclose information about our patients or their treatment to outside agencies to the extent protected by law. Personal information will be maintained in a confidential manner. Information disclosed to your insurance carrier (if applicable) will comply with the current Health Insurance Portability and Accountability Act (HIPAA). Our office routinely takes radiographs of patient's work that may be used for instructional or demonstration purposes; the patient must notify the doctor if he/she does consent to these limited uses.

Thank you for understanding our Financial and Privacy Policies. Please let us know if you have any questions or concerns.

I have read, understand, and agree to these Financial and Privacy Policies.

X _____ Date: _____
Signature of Patient or Responsible Party