

**Lakewood Dental Group
Financial Policy**

Dear Patient:

In an effort to reduce costs, increase efficiency and maintain the highest level of professional care, we have established a financial policy that both patients and office personnel must adhere to.

Our Office Financial Policy is as follows:

I. We accept payment by CASH, CHECK, and MOST MAJOR CREDIT CARDS.

II. As a courtesy, we will accept most insurances and will gladly process your claim – however any estimated deductibles, co-payments, and secondary coverages will be due in full at time of visit.

III. Although our office will process your insurance claims, please understand it is your responsibility to satisfy any account balance in full for all services rendered.

If you have any questions regarding these financial policies, please do not hesitate to speak to our office personnel. We are here to help you in every way.

PLEASE ACKNOWLEDGE THAT YOU UNDERSTAND THE ABOVE POLICIES

Print Patient Name: _____ **Date:** _____

Patient/Guardian Signature: _____