Denturist Michael Holden, (253)813-8000, 25052 104th Ave SE #G, Kent, WA 98030

LIFELIKE DENTURES FINANCIAL POLICY

Thank you for choosing Lifelike Dentures, a denturist practice committed to removable prosthetics. We deliver high quality treatments and services specializing in dentures and partials. The following is a statement of our Finanial Policy which we require you to read and sign prior to any treatment. By executing this agreement, you are agreening to pay for all services that are received.

STATEMENTS: If you have a balance on your account, you will receive a statement. It will show the previous balance, any new charges to the account, any payments and credit applied to your account during the month. We accept: cash, check, Visa, Mastercard, and American Express and Care Credit.

PAYMENTS: Unless other arrangements are approved by us in writing, the balance on your **statement must be paid on the day the treatment is rendered.** We would be happy to discuss our charges and how they relate to your particular situation. If a financial situation may affect payment on your account, we encourage you to contact us promptly for assistance in the management of your accounts. **A $25.00 charge applies when a check is returned by the bank.** If your account becomes past due by 30 days we will contact you by telephone and mail. **If we do not receive payment within 90 days of original due date we will take necessary steps to collect this debt and refer your account to a collection agency. You agree to pay collection costs and reasonable attorney fees incurred in attemptong to collect on this amount. If you have no inusrance your balance must be paid on the day the treament is rendered.**

INSURANCE: Insurance is a contract between YOU and YOUR insurance company. We are NOT a party to this contract. You must provide us with an insurance card and all information to verify your conerage and file your claim. As a courtesy to you, we will contact your insurance company to get and estimate of what they may pay and/or will bill your inusrance company. Although we may estimate your insurance benefits we are not responsible for their accuracy. Knowledge of benefits, benefit amounts, limitations, exclusions, waiting periods, ect. is entirely YOUR responsiblilty. It is also YOUR responsibility to ensure your insurance company pays promptly. You are responsible to pay any portion of the charges not covered by insurance. All insurance co-pays and deductibles must be paid at the time of service. Please be aware that some and perhaps all of the services provided may be non-covered services and not considered reasonable and customary under the terms of your insurance poicy.

PAYMENT POLICY IF YOU HAVE INSURANCE: You may choose to pay your deductible and all of your treatment fees on the day the treatment is rendered. In this case the insurance payment may be sent to Lifelike Dentures directly from the insurance company. If this payment is less than your estimated amount the remaining outstanding amount is due immediately upon receipt of the statement from Lifelike Dentures. If payment is more than estimated amount an insurance adjustment reimbursement will be issued to the patien from Lifelike Dentures. **If insurance payment is sent directly to the patient, payment to Lifelike Dentures is due immediately. If your insurance company has not paid your account in full with in 60 day, the balance will be transferred to your account. On treatment involving laboratory fees (dentures, partials, flippers) 50% of your out-of-pocket portion is due on the preparaton date: the balance is due on the completion or delivery date- usually two to three weeks.**

STOPPING TREATMENT AND REFUNDS: Upon the decision to stop treatment there will be a fee corresponding to the treatment timeline. If treatment is stopped at Try-in stage a non-refundable Fee of $500 will be billed to your account. If treatment is stopped once **Consent For Final Processing is signed**, 100% of the previously agreed upon fee will be charged to your account and Lifelike Dentures expect full payment with in 90 days. A refund on any services rendered is solely based upon the decision of Lifelike Dentures.

Patient's name or Responsible Party (print)_____

Signature of Patient_____ Date: _____

Responsible Party_____ Date: _____
(if not patient)