

**ALUMNI DENTAL CENTER
DRS.' KOPCZYK, VIETH, AND MAJORS
2335 STERLINGTON RD. STE 200
LEXINGTON, KY. 40517**

FINANCIAL POLICY:

Our main goal is providing you the best care and service. We recognize the need for a clear understanding of your financial obligations for the treatment you receive. In order to create a better understanding between patients and our office, we have the following financial policy in effect. If you have any questions about this policy, we encourage you to contact our patient accounts department.

PATIENTS WITHOUT INSURANCE COVERAGE:

Unless prior arrangements are made with our financial coordinator, payment in full is due on the day of service. For your convenience, we accept cash, checks, Visa, Mastercard, American Express, Discover, and CareCredit. CareCredit is an outside financing company that offers an affordable way to finance dental work.

For dental procedures over \$200.00, a 10% discount will be given if the patient's balance is paid in full on the day of service.

For senior citizens, 65 and older, a 20% discount will be given if the patient's balance is paid in full on day of service. If a payment arrangement is made on the balance, a discount of 10% will only be given.

PATIENTS WITH ASSURANT CAPITATION PLAN:

This is a reduced fee for service and no insurance forms are filled out. The patients sign-up as a member in our office prior to the start of treatment, and the office agrees to a reduced fee for service. The patient's co-pay is due day of service. For your convenience we accept cash, check, Visa, Mastercard, American Express, and Discover.

PATIENTS WITH INSURANCE COVERAGE:

We participate with numerous insurance plans and will gladly file your claim for you. This is a service provided by the office. The patient is ultimately responsible for the account if insurance payment is not received. Benefits will be assigned to us and insurance payments will be made directly to the office. We will attempt to collect payment from the insurance company for 90 days. If payment is not received in that amount of time, the patient will be held responsible for payment. We will gladly continue to assist you in recovering payment from the insurance company.

DEDUCTIBLES AND CO-PAYMENTS ARE DUE THE DAY OF SERVICE.

Major dental work may be pre-authorized and once the authorization is received the patient will be notified in writing. This notification will inform you of your insurance benefit, insurance adjustment and co-payment amount.

RETURNED CHECKS:

Due to the expense of processing checks returned by the bank, we charge a \$35.00 service fee.

09/21/10