

Welcome to the office of Drs. Jenkins & LeBlanc. We want to make your visit productive and enjoyable. We are happy to answer any and all questions regarding insurance plans and payment policies.

I. FINANCIAL POLICY

1. Patients WITH Insurance Coverage:

- Please understand that your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will be glad to help you obtain the appropriate benefits from your insurance carrier as a courtesy to you. However, you are responsible for understanding your individual benefits and for the payments of your account.
- Regarding insurance plans where we are a participating provider, all co-pays and deductibles are due **prior to or at the time of the treatment.**
- Regarding insurance plans where we are NOT a participating provider, estimates will be collected **prior to or at the time of the treatment** and difference will be billed as necessary.
- If your insurance company has not paid the claim within 45 days, the balance will be automatically transferred to you.
- In some cases, insurance carriers may pay for alternative benefits other than the treatment performed and impose frequency limits on procedures your dentist may recommend. In these cases, you are responsible for the costs insurance does not pay.
- Even if you have dual coverage there may still be a portion that is your responsibility.

2. Patients WITHOUT Insurance Coverage:

- Patients without insurance coverage are required to pay in full for services rendered at or prior to the time of treatment.

II. CANCELLATION POLICY

- We require a 24 hour cancellation notice for a scheduled appointment.
- Patients who fail to show for their scheduled appointment without giving due notice will be charged a \$35.00 fee.

III. BILLING POLICY

- Checks returned unpaid from the bank are subject to \$35.00 service fee.
- Accounts delinquent more than 45 days from the date of billing are subject to a 1.5% per month (18% annually) finance charge.
- When your bill is unpaid, a collection agency may be chosen to manage delinquent accounts. If your account is sent to our collection agency, you will be responsible for collection and court costs along with attorney's fees.

IV. ACKNOWLEDGEMENT OF UNDERSTANDING

Please initial below to indicate understanding of financial policies:

 *I understand it is my responsibility to know the benefits and limitations of my insurance coverage.

 *I understand that some services recommended my dentist, including but not limited to: x-rays, fluoride, exams and sealants, may have frequency limitations placed by my insurance. I understand I will be responsible for the costs of these services should my insurance not pay for them.

 *I understand my unpaid balance is subject to be turned over to a third party collections agency, and I will be will be responsible for additional associated fees.

We accept Cash, MasterCard, Visa, and Discover, American Express or Debit/ATM cards and Care Credit. We welcome you to our office and want to provide you with the best care possible. If you have any questions regarding our policies and your treatment, please do not hesitate to ask.

BY SIGNING, I AGREE I HAVE READ AND UNDERSTAND JENKINS & LEBLANC, PA'S FINANCIAL POLICY, CANCELLATION POLICY AND BILLING POLICY AND THAT I AM THE PERSON RESPONSIBLE FOR THIS PATIENT'S ACCOUNT.

Signature

Date

Printed Name