

Payment Arrangement

Thank you for choosing Lifetime Dental Care as your dental health care provider. We are committed to the success of your dental treatment and want to provide you with the best service available. To help reduce administrative costs and keep our fees as low as possible, we respectfully request payment to be made at the time that you or your family members receive treatment. Please indicate below the method of payment you intend to use.

My preferred payment option is:

- Cash/check
- Major credit card (Visa, MasterCard or Discover)
- **Amounts over \$300.00 we offer a 5% courtesy adjustment for cash/check payment in full before treatment begins**
- For treatment amounts over \$300.00 please inquire about the possibility of an extended payment plan through Care Credit or visit www.carecredit.com

Note for patients with dental insurance

Dental insurance usually does not cover the total cost of your treatment. Based on your plan, we usually estimate the amount you will owe. This is called your co-payment. When treatment is delivered to you or your family members, your co-payment is expected at that time. If your insurance company fails to pay within 60 days after we submit your claim, you will be responsible for the full fee.

Signature: _____ Date: _____

Lifetime Dental Care staff members will always recommend the highest standard of treatment. Our primary concern is your overall health. If you wish, we will gladly discuss alternative treatments or phases to work within your financial budget. We recognize that every patient will have different situations and, ultimately, it is up to you to decide the importance of your dental health and whether you wish to accept the recommended treatment. If you have any questions regarding these policies or financial arrangements, please contact our financial coordinator about your concerns.

****Reduction not available to those with BCBS or Delta Dental****