



Tanya P. Lawhon, DDS  
312 South Ave B  
Bishop, Texas, 78343  
361-584-2217

## FINANCIAL POLICY

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility

We accept cash, check, MasterCard, Visa, American Express, and Care Credit as payment for services rendered. We ask our patients for payment for routine services at the time of your visit. Due to the costs of laboratory fees and billing, extended payment plans cannot be arranged.

As a courtesy to you, we will file your insurance for dental treatment. The deductible, co-payment, and any other charges are to be paid at the time of services. However, if your insurance routinely sends the check to you, then we ask for payment in full at the time of service. **Insurance is a contract between you and your employer and your insurance company; therefore, you are still responsible for the timely payment of your account in the event the insurance company does not cover the cost of treatment.**

- There will be a \$25.00 service charge for all returned checks.
- There will also be a \$25.00 per hour fee for cancelled or missed appointments with less than 24-hour notice.

**Accounts turned over to collections shall be subjected to the addition of all fees and expenses incurred in the collection of the account, including but not limited to attorney's and collectors fees.**

## OFFICE POLICY REGARDING INSURANCE ASSIGNMENT

Our office will accept your insurance on assignment. However, it must be fully understood that your insurance policy is a contract between you and your insurance company. Our office will not enter into a dispute with your insurance company over policy limitations or issues. This is your responsibility and obligation. **All charges incurred are your responsibility.**

Our office will file your claims for you and assist you in every way possible to ensure benefit recovery.

Please read the following office policy regarding assignments!

1. At the beginning of your treatment our office will make every attempt to verify your policy benefits, however, this office DOES NOT guarantee your insurance policy or payments.
2. Your insurance will be filed as a courtesy to you. We file insurance claims on a daily basis.
3. You are required to sign an "Assignment of Benefits" form and any other form required by your insurance company on your first visit.
4. If your insurance company requires their own claim form(s), you are required to bring in the completed form(s) by the time of your second visit and then as needed.
5. You will be responsible for your deductible and co-payment. If your insurance company does not pay something that was anticipated, you will be responsible for the amount as soon as we/you are aware of the denial.
6. Your Insurance should pay the claim within 60 days from when it was filed
7. By taking your insurance on assignment, our office agrees to wait for a portion of your bill for an estimated amount of time. In the event that your insurance company does not pay on a timely basis, you may be asked to pay.
8. If your insurance company mails a check directly to you for our services, you must bring the misdirected check to our office within 48 hours.
9. If you discontinue care without the doctor's authorization, the balance on your account is due and payable immediately, even if your insurance has been filed. (If your insurance does pay, after your account has been paid, refunds will be sent to you.)

Thank you for understanding our policies, you are welcome to have a copy by request.