Lindsey Dentistry PLLC

Financial Policies

We are dedicated to providing you the best possible care, and we want you to completely understand our financial policies. We provide dental services in good faith with the expectation that we will receive payment for those services. YOU THE PATIENT OR GUARDIAN IS ULTIMATETY RESPONSIBLE FOR ALL CHARGES.

Insurance - Your insurance policy is a contract between you and your insurance company, not the doctor or the dental office. Lindsey Dentistry PLLC is an assignment office, which means that if you provide the necessary information, we will file your primary and secondary insurance claims as a courtesy on behalf of you and request your insurance company to pay the dental office directly. If your insurance company denies payment to the dental office directly, the patient will be notified and the patient will be responsible for payment to the dental office and collecting the money from their insurance company. We will promptly handle any requests for information to facilitate claims and payment. Patients are required to pay the remaining balance (limited to any applicable negotiated fees provided by your contract) if the insurance company does not pay your claim in full.

Co-pays - Co-pays and deductibles are due on the day services are rendered. NOT ALL INSURANCE PLANS cover all services rendered by our office. It is your duty to know your benefits and coverage before treatment. In the event your insurance plan determines a service to be "not covered" you will be responsible for the complete charge. It is your responsibility to notify our office of any changes in home address, contact numbers, or insurance coverage. You can request your coverage by calling your insurance company. With your permission, you may have the insurance company fax your coverage schedules to our office at 724-663-7735. With system and insurance company limitations in mind, we may be able to electronically request your coverage via our live eligibility request feature at our office.

Self-Pay/Cash Pay - Payment is required at the time of service. For the convenience of our patients desiring extended credit, we accept Visa, MasterCard, Discover Card, and CareCredit. If the patient/responsible party is unable to pay at the time of service, they CAN be asked to reschedule their appointment to a time when payment can be made, or to make payment arrangements with a "MANAGING MEMBER" of the dental practice.

STATEMENT BALANCES - PAYMENT IN FULL for any unpaid Insurance or Cash Pay balances will be due within THIRTY (30) DAYS upon receipt of a statement from our office. Although it is not our routine practice or desire, we HOLD THE RIGHT to apply reasonable finance charges and/or late payment penalties to your account for aged balances past thirty (30) days. We also hold the right to turn your account over to collections after non-payment IN FULL of services past NINETY (90) days. It is your duty to contact our office for potential arrangements if your account is between SIXTY (60) and NINTY (90) DAYs past due to avoid possible turn-over to collections.

Divorce or Separation - In the case of divorce or separation, the person who brings the child in for treatment is responsible for payment at time of service. The account will be in the name of the person who has custody.

Returned Checks – We hold the right to charge your account up to a THIRTY DOLLAR ($30.00) service fee for checks returned by the bank for any reason. Returned Checks, including the service fee, must be paid by cash, credit card or money order within 10 working days from the date we notify you of a returned check.

AGREEMENT TO PAY AND INSURANCE AUTHORIZATION:
I the patient of care request and authorize Lindsey Dentistry PLLC and staff, to provide me with dental services. I understand that I am personally responsible for the charges for the services that I receive. I agree to pay all reasonable fees and collection costs incurred by Lindsey Dentistry PLLC, if my account is not paid as agreed. I hereby authorize Lindsey Dentistry PLLC and staff, to bill my insurance carrier and any other persons or parties who may be liable for payment of these services. I also authorize my insurance carrier to make payment directly to Lindsey Dentistry PLLC and its rendering Providers of my care.