

# Paul S. Lewis, DDS, MS

*Specialist in Periodontics*

## FINANCIAL POLICY

In order to avoid misunderstandings regarding payment for the services provided at this office, we wish to clearly explain our financial policy. If you have any questions regarding this policy, please let us know.

Procedures performed at this office are covered under most dental plans. However, insurance pays only a portion of our fees. There are deductibles and co-payments for which the patient is responsible. Also, your insurance carrier makes payments based on their own fee schedule which may be different from our usual fees. In most cases, 50% to 75% of the fee is covered by insurance. Therefore, a minimum payment of 25% of the fee is required at the time of service.

Full payment is required at the time of service for procedures with a fee under \$150.00.

Such procedures include:

- Initial examination
- Periodic reevaluations
- Maintenance cleanings

We will then submit an insurance claim to your carrier and any payment will be sent to you.

For patients without insurance coverage, full payment is required at the time of service unless other arrangements have previously been made. Payment can be made by cash, check, credit or debit card.

MEDICARE: Routine periodontal treatment provided at this office is not covered by Medicare. Medicare regulations clearly state that Medicare does not provide reimbursement for "treatment of the teeth and gums". Dr. Lewis is not a provider under Medicare. Patients who want Medicare to pay for their treatment should seek treatment at a different office.

Patients who make full payment in cash or by check (not by credit card or debit card) at the time of service will receive a 5% discount.

A payment plan is available through a healthcare credit program called CareCredit®. This program offers the following advantages:

- Patients choosing this option can make no payment at the time of service.
- There is no membership fee and no annual fee.
- There is no interest charge if the account balance is paid within 6 months.
- The application and approval procedure can be accomplished in a matter of minutes.

Please let us know if you wish to take advantage of this program.

Accounts with an outstanding balance greater than \$350.00 that are over 90 days past due are subject to a monthly interest charge of 1.5% of the account balance.

Accounts with an outstanding balance less than \$350.00 that are over 90 days past due are subject to a monthly billing charge of \$5.00.

**Under all circumstances, the patient, not the insurance carrier, is responsible for payment for services performed at this office.**

\_\_\_\_\_  
Patient's name

\_\_\_\_\_  
Name of the person who is responsible for the patient's account

\_\_\_\_\_  
Signature of the person who is responsible for the patient's account

\_\_\_\_\_  
Date