

Isabel D. Lemus D.D.S.
179 CEDAR LANE, SUITE A
TEANECK, NEW JERSEY 07666

**PAYMENT IS DUE AT TIME OF SERVICE
WE ACCEPT ALL MAJOR CREDIT CARDS, CHECKS & CASH**

Regarding Insurance

The balance of your account is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you provide us with complete and accurate insurance information. Your insurance policy is a contract between you and your insurance company. We Are not a party to that contract. In the event we do not accept assignment of benefits we require that you make prior arrangements for payment. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical or dental insurances.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. *You are responsible for payment regardless of any insurance compnay's arbitrary determination of usual and customary rates.*

All patients are responsible for full payment at the time of services. The adult accompanying a minor is responsible for full payment. If payment is not received and collection proceeding occur you will be responsible for the \$35 collection fee as well as the \$250 court costs.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read the Financial Policy; I understand and agree to this Financial Policy.

X

Signature of patient or responsible party

Date
