Gary C. Leonard, D.D.S.

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PAYMENT POLICY FOR DENTAL SERVICES

The following will explain the policy of this office regarding the payment for dental treatment.

NON INSURANCE

Payment by cash, credit card (Visa, Master Card, or Discover Card, or check is expected at the time of treatment.

In cases where there is a divorce or separation and a child is involved, payment is expected by the parent or guardian bringing the child in for treatment. Any such third party arrangements between parent and ex-spouse must be handled by the parent bringing the child.

INSURANCE

We take insurance assignments as a courtesy to our patients. Our office is happy to take assignments for your insurance with the following stipulations:

1. INSURANCE FORMS MUST BE BROUGHT AT TIME OF APPOINTMENT or payment is expected.
2. Only primary coverage is accepted. (No secondary coverage is accepted, but we will provide necessary documentation for your submittal.
3. Deductibles must be met as well as any percentages not covered by your insurance.
4. Your insurance must take assignments and pay us directly.
5. If payment is not received from your carrier within 45 days, regardless of the reason, payment must be made by you in full within 10 days of notification.
6. If there is a credit balance after payment has been made by your insurance company, a refund will be made within 30 days, if so requested.
7. If a claim is being disputed, this office cannot accept responsibility for collecting your claim or negotiating a settlement. However, we will be happy to provide any information to help you collect from your insurance company. There will be a charge for additional documentation to be billed to your insurance company.
8. Should your account be turned over for collection, you will be responsible for all costs and legal fees.
9. There will be a $5.00 monthly billing charge on all unpaid balances.

I have read and understand this payment policy and agree to abide by its content.

SIGNED_____DATE_____
     Guarantor