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ABOUT OUR FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE

PLEASE READ BEFORE SIGNING

For our patients with dental insurance coverage, we are committed to helping you maximize your insurance benefits. Because insurance policies vary greatly, we can only estimate your coverage in good faith, but cannot guarantee coverage due to the complexities of insurance contracts. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay percentage (such as 100%, 80% or 50%) of "U.C.R." "U.C.R." is defined as usual, customary and reasonable by most companies. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover (such as nitrous oxide), may pay less than what we estimate, or deny a procedure due to frequency limitations. This most frequently applies to x-rays and fluoride treatment. ***In order to lower your out of pocket expenses, please be aware of your plan benefits and limitations.***

Your estimated patient portion must be paid at the time of service. While the filing of insurance claims is a courtesy we extend to our patients, all charges are your responsibility from the date the services are rendered. We will bill insurance companies for services and allow them 45 days to render payment. After 60 days, you are responsible for the entire balance, paid-in-full.

If you do not have dental insurance, payment for services is due at the time services are rendered, unless payment arrangements have been approved in advance by our staff.

Returned checks and balances older than 30 days may be subject to additional collection fees and interest charges. Charges may also be made for broken appointments and appointments cancelled without a 24 hours advance notice.

If you have any questions about the above information or any uncertainty regarding insurance coverage or finances, PLEASE do not hesitate to ask us. We are here to help you.

Print Patient's Name/Date

Signature of Parent or Guardian