

MICHAEL G. LAMB
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PAYMENT POLICY:

Due to the repeated delays insurance companies are using to withhold payment, we have to adjust our policy regarding filing insurance claims for our patients. We will continue to file your insurance, free of charge, with the assignment of benefits to our office. However, we will require you to be responsible for any balance remaining on your account 30 days after your treatment. If payment is not received in full from you or your insurance carrier within 60 days after your treatment, your account will accrue interest at 1.5% per month and will be handled thru our collections department.

If you do not agree with the above stipulations, you may choose to pay in full on the day of treatment and use your receipt to file your insurance for reimbursement.

Please remember, filing insurance is a courtesy to you, and in no way relieves you of your responsibility of your bill. We do not have a contract with your insurance and are in no way affiliated with them. Your insurance payment is based solely on the contract between you, your employer, and the cost of premiums paid to them.

For our patients who do not have the benefits of insurance, we will need your payment in full on the day of treatment.

As always, our priority is to give you the best dental care, with a caring and experienced staff. The costs of providing quality dental care continue to increase and therefore we must receive payment in a timely manner. We will continue to accept MasterCard, Visa, American Express, Discover, Cash, or Check. Thank you for your understanding in this matter.

I HAVE READ THIS FORM & AGREE TO BE FINANCIALLY RESPONSIBLE.

SIGNED: _____ DATE: _____

I HAVE AUTHORIZED PAYMENT OF BENEFITS DIRECTLY TO PROVIDER & RELEASE ALL NECESSARY INFORMATION TO THE INSURANCE CO. & THEIR REPRESENTATIVES.

SIGNED: _____ DATE: _____