

# Lyons & Mulder Family Dentistry

## Financial Policy

Thank you for choosing us as your dental care provider. The following is an explanation of our Financial Policy, which we require every patient/responsible party to read and sign.

### Regarding Insurance

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. **It is your responsibility to know and understand the benefits and limitations of your individual coverage.** As a courtesy, our office will make every attempt to verify coverage toward a service and estimate out-of-pocket expenses. In no way is this ever a guarantee of payment or coverage. As a result, all expenses incurred at our office are the responsibility of the patient, regardless of insurance coverage.

### Regarding Payment

All estimated co-pays & deductibles must be paid in full at time of service. As a patient, you are responsible for any remaining balance due after insurance has paid. Uninsured patients must pay for services in full at time services are rendered.

We accept cash, personal check, money order, VISA, MasterCard, Discover and Carecredit.

I have read and understand this Financial Policy.

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Signature of Patient or Responsible Party

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Date