Lifetime Dental

1415 East Blanco Rd., Suite #16
Boerne, Texas 78006
830-249-9300

Financial Arrangements & Policy

Thank you for choosing Lifetime Dental for your dental health needs. Dr. Hatcher and our team are committed to your treatment being successful and pleasant. The following is a statement of our Financial Policy, which we ask that you read and sign prior to treatment.

Payment is due on the day service is provided, or in some cases, prior to service. Cash and personal checks are accepted. MasterCard, Visa, Discover, and American Express credit card payment are also accepted. If you have any questions, please feel free to ask a member of the front office staff.

Regarding Insurance:
The entire balance is your responsibility, whether your insurance pays or not. We need complete insurance information in order to bill your insurance company. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please understand that there are many different insurance plans. As a courtesy to you, our staff spends a great deal of time getting information and benefits. We do the best we can with the information the insurance company gives us. **This is not a guarantee of payment.** Payment is determined at the time the claim is received by the insurance company. If your insurance company has not paid your account in full within 45 days, we require you to pay the balance in full by cash, check or credit cards. Please be aware that some of the services may be non-covered, or not considered reasonable and customary by your insurance company's terms.

All co-pays and deductibles are due at the time of service. In the event that your coverage changes, our office must be notified at least 2 business days prior to your appointment to ensure proper verification. If for some reason we do not have this updated information, you will be responsible for 100% of the charges accrued.

******You must give our office 48 HOUR notice to change or cancel your appointment. Failure to do so will result in a $50.00 charge for a missed appointment fee. ******

Usual and Customary:
Our practice is committed to providing the best treatment for our patients and we charge our usual and customary fees to all of our patients. *You are responsible for the payment regardless of any insurance company's arbitrary determination of usual and customary rates*. Your policy may base its allowances on a fixed schedule, which may or may not coincide with our usual fees. Usual and Customary fees by your insurance may be based from an average practitioner in an average office with average staff. We sincerely believe our office is far above those guidelines.

The adult accompanying a minor and the parents (or guardians) are responsible for full payment.
I understand and agree that all services rendered to me, my dependents, or others assigned by me to my account are charged directly to me. I further understand I am personally responsible for payment. Should the fees for the professional services not be paid in accordance with the provisions herein, applicable finance charges and disbursements, allowances and costs can be applied to all past due amounts at the rate of 1.5% per month (18% annual rate.) If the account is in default and turned over for collection, a collection fee will be added.

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Print Name Signature & Date