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Written Policy

Thank you for choosing Dr. Michael W. Lee as your dental practice. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care easy and manageable for our patients. We do this by offering several payment options.

Payment Options:

Debit Cards, Credit Cards, Cash or Care Credit. We prefer no personal checks.

Please note:

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. We will let you know prior to treatment your estimated out-of-pocket portion. If insurance does not pay the full amount that was estimated, you/patient are responsible for the unpaid balance. All payment is due at time of service.

Your appointments with our office are important to us and we will reserve that time for you. Confirmation calls are a courtesy and are made a few days in advance; however, you are responsible for ensuring your attendance. If for some reason you are unable to attend, we require a 48 hour notice so that we may have adequate time to fill that opening in the schedule. If notice is less than 24 hours, there will be a \$50 per appointment hour scheduled charged to your account.

Past due accounts:

I/We understand and agree that any credit granted shall be paid promptly in accordance with terms and agreements, that credit grantor may add one and one half (1.5%) per month to any balance owed and in the event of default to pay reasonable collection charges and/or attorney fees.

Overdue accounts (passed 90 days) will be turned over to a collection agency. Please be aware that a \$50.00 processing fee as well as 35% of your balance will be added to your account.

Date: _____

Print Name: _____

Signature: _____