

11829 RANSUM DR. STE 102 | LOUISVILLE KY, 40243 | (502) 467-5268

## **Patient Payment Policy**

Thank you for choosing Louisville Dental Implants. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of this mission is making the cost of optimal care as easy and manageable for our patients and possible by offering several payment options.

## **Payment Options:**

We accept the following forms of payment:

Cash	Check	MasterCard	Visa	

Discover Card American Express CareCredit LendingClub

## Please note:

For patients with dental insurance we will work with your carrier to maximize your benefits and directly bill them for your treatment; however estimates given at time of treatment are subject to your insurance carrier's review and are not a guarantee of payment. <sup>2</sup> You will be responsible for any copays/deductibles which are due at time of service & any amount not covered by your insurance.

For appointments lasting 2 hours or longer, a 25% deposit is required to reserve your appointment time. The deposit will be applied to your cost of the procedure(s) once service has been rendered.

A fee of \$30.00 will be assessed for patients who miss/cancel more than 2 times without 24-hour notice. For patients who do not call to reschedule/cancel an appointment, a \$50 No Show fee will be applied to their account.

We reserve the right to charge credit cards on file for delinquent accounts over 60 days.

Louisville Dental Implants charges \$25 for returned checks.		
If you have any questions, please do not hesitate to ask.		
Patient, Parent or Guardian Signature	Date	
Patient Name (Please Print)		

<sup>&</sup>lt;sup>1</sup>Subject to credit approval

<sup>&</sup>lt;sup>2</sup>If we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.