

BRESSI RANCH

Family Dentistry

Michelle Lee, D.D.S.

6221 Metropolitan Street Suite 200

Carlsbad, CA 92009

P: 760.602.9500

Bressi Ranch Family Dentistry is committed to providing you with the best dental health care available. We have provided a clear understanding of our office's financial policies to relieve some of the anxiety associated with going to the dentist. We want to be sure that our policies are clear and that all of your questions are answered satisfactorily. For your convenience, we honor several different payment methods.

Cash or Check

When you do not have dental insurance, we ask that you pay in full for your dental services at the time of each appointment.

Credit Cards

We gladly accept Mastercard, Visa, Discover, and American Express.

Dental Insurance

Your complete up-to-date insurance information must be presented before any services are rendered. **It is your responsibility to make sure your insurance is active. If you receive dental services and your insurance is not active, you are responsible for full charges at the regular office fee and not the insurance fee.**

Please refer to your insurance booklet or contact your HR/Insurance carrier if you have questions regarding your coverage, plan benefits, exclusions, or waiting periods.

Patient copayments and deductibles are due at the time of service.

As a courtesy to you, we will gladly process your insurance claim forms and will send any necessary X-rays. We will make a reasonable faith estimate for planned treatment and request that you pay your estimated portion at the time of service unless other arrangements are made with our Office Manager. When payment has been received from the insurance carrier(s), we will settle the balance of your account. **There may be a difference between the estimated portion and the actual payment from your insurance; if so, the difference is the patient's responsibility.**

We understand insurance guidelines can be complicated to understand and overwhelming at times. Your insurance company makes the final determination once treatment is completed and the claim is submitted. If your carrier(s) denies coverage, the entire amount will become due and payable by you. Although we make every effort to help you obtain your full benefit, there are many variables

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we cannot anticipate. **Please be aware that your insurance is a contract between you and your insurance company; therefore, all charges are your responsibility.**

I authorize payment to be made directly to Bressi Ranch Family Dentistry by my insurance company and accept financial responsibility for all services not covered by my insurance. I authorize the release of any medical care information requested by my insurance carrier. I hereby agree that in the event of default of any amount due, and if this account is placed with a collection agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection, including any attorney fees and court costs incurred and permitted by laws governing these transactions.