

LDC Dental Associates

504 Lambs Road | Pitman, NJ 08071 | (856) 589-2188

Written Financial Policy

Thank you for choosing LDC Dental. Our primary mission is to deliver the best and most comprehensive dental care available. This service is based on a friendly team and professional understanding between our office team and patient. An important part of our mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options

You can choose from:

- Cash, Check, Visa, Mastercard, American Express or Discover Card

We offer an **10%** courtesy accounting **adjustment** to patients who **pre-pay for their treatment in full** with cash or check or **5%** courtesy **adjustment** for **pre-payment in full** with credit card.

- Convenient **Monthly Payment Plans¹** from **Care Credit**
 - Allows you to pay over time
 - No annual fees or pre-payment penalties

Please note:

LDC Dental requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For plans requiring multiple appointments, alternative payment arrangements may be provided.

For patients with dental insurance, we are contracted with 8 insurance companies (Delta, Cigna, Assurant, United Concordia, Horizon Blue Cross/Blue Shield, Aetna, MefLife & United Healthcare.) We are happy to work with your carrier to maximize your benefits and directly bill them for reimbursement for your treatment.²

Failure to pay in one of the above agreed upon manners (delinquent accounts) may be turned over to the collection agency. In this case, the patient is responsible for all costs associated with the collection procedure; including attorney fees where applicable. **LDC Dental charges \$15.00 for returned checks.**

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹ Subject to credit approval

² However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.