

Welcome To Our Practice
Richard H. Lazor, D.D.S.

We are committed to providing you with the best possible care, and we are pleased to discuss professional fees with you at any time. Your clear understanding of our office policies is important to our relationship. Please ask if you have any questions regarding fees or your treatment.

- All patients **must** complete our “Patient Information” forms prior to seeing the doctor.
- **An adult must accompany minors:** the adult accompanying a minor is responsible for payment in full at the time of service.

Financial Policy: Payment in full is required at the time of service. We accept most credit cards, cash, or local checks. Please feel free to discuss payment arrangements with our business office. In the unfortunate event that this account becomes delinquent, any additional fee or charges incurred to collect this debt will be passed on to this account.

Regarding Insurance: Insurance is a contract between you and you insurance company. We are not a party to this contract, or responsible for your insurance not paying. We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, “usual & customary,” or etc. other than to supply you factual information as necessary. You are responsible for the timely payment of your account.

Missed Appointments: Unless cancelled at least 48 hours in advance, our policy is to charge at the rate of \$25.00 per half hour scheduled. Please help us serve you and all patients better by keeping scheduled appointments. We will attempt to call within two days in advance to confirm these appointments with us, or they may be given to another patient needing our services.

Transfer of Records: In the event that your records or x-rays may need to be transferred there will be a fee to cover duplication and administrative costs (up to \$25). **All originals must remain in the office.**

Thank you for reading and understanding our policy. Please let us know if you have any questions or concerns.

Signature: _____

Date: _____