

Louisiana Oral & Implant Surgery Financial Policy

The following is a detailed description of our financial policy. Please read carefully:

- As any legitimate business endeavor, we expect to be fully reimbursed for 100% of the agreed upon fees for the services we render.
- We promise to be clear and unambiguous regarding fees and your financial responsibility *before* treatment.
- We reserve the right to collect payment *before* services are rendered.
- **Our full fee is due at the time of service rendered in all cases unless prior arrangements have been made.**
- We accept cash, check, Visa, MasterCard, Discover, and American Express.
- We also offer financing options for our patients through Care Credit.
- **Louisiana Oral & Implant Surgery does not participate with any dental or medical insurance plan (including Medicare/Medicaid).**
- Please remember that you are fully responsible for all fees charged by our office at the time of service regardless of your insurance coverage.
- **Even if you have dental or medical insurance, 100% of fees are due from the patient at the time of service.**
 - As a courtesy to patients, we will file / submit your claim to your insurance company for you for direct reimbursement to you, the patient.
 - We will do so in a timely manner, and in a way that maximizes reimbursement to you.
 - Not all services are a covered benefit. Benefits will vary on different insurance plans. It is your responsibility to verify your insurance coverage.
- All unpaid charges accrue 10% per week finance charge.
- Delinquent accounts are defined as remaining balances that do not comply with the agreement stated here or accounts that have incorrect or no forwarding address.
- All delinquent accounts will be reported to credit bureaus which will reflect on your credit score.
- The following fees are added to delinquent accounts:
 1. \$30.00 service charge for accounts sent to Credit Bureau
 2. All attorney, court, and miscellaneous collection costs
- **We understand that temporary financial problems may affect your ability to make timely payments on your account. We ask that you contact us if you encounter such problems so that we may assist you in the management of your account.**

We appreciate your trust and the opportunity to serve you. If you have any questions or need assistance regarding your account, please contact our office at (337)-888-4771.



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By signing below, you acknowledge that you have carefully read and understand this Financial Policy and agree to all of its conditions. You also agree to be responsible for payment of all services rendered on behalf of dependents.

Patient/Parent/Guardian – Printed name

Date

Patient/Parent/Guardian – Signature

Date

