

We at Leading Edge Dental are proud to be part of a team whose primary mission is to deliver the finest and most comprehensive dental care services today. We are concerned about your dental care and want to ensure that it is performed in a responsible manner. In order to assist you with your dental health investment, we provide the following options to best meet your needs.

Insurance: We understand the value of insurance benefits and will assist you in maximizing your insurance. We will gladly process your claim at no charge and will also estimate your deductible and your portion not covered by insurance. **This is not a guarantee of payment from your insurance company to us it is just an estimate of benefits.** The estimated amount not covered by your insurance is due at the time of your treatment and may be paid by one of the options listed below. **Remember that if for any reason your insurance company does not pay, you are responsible for the outstanding balance. Also insurance is used as a supplement to help you with you needs not as a full payment plan. I hereby authorize LED to release my dental information to my insurance company._____.** Initials

Initial Payments: We require full payment of the total amount, of the treatment being started, Unless previous financial arrangements have been made.

Payment Options:

- 1) Cash including checks, and money orders
- 2) Charge Cards: Visa/MasterCard, Bank Debit (ATM transactions) and Discover
- 3) Financing options - An open line of credit may be obtained through CareCredit and upon approval can be used immediately. The process takes approximately 15 minutes from start to finish and your work can be started today and the convenience of financing allows you to you spread your costs over a period of time. **In the event you decline your treatment after going through the financial process, you will be assessed a fee of 5% of the Total Dollar Amount Financed.**

Please Note: X-rays are the legal property of the office. If your would like a copy for yourself we need a 24 hour notice and a nominal fee of \$10.00 for duplicating will be assessed to cover our costs.

Patient:_____ Date:_____