

Financial Policy

As a courtesy to our patients, insurance claims are filed by our office on your behalf, and estimates of insurance coverage can be supplied. All applicable forms need to be provided to us. Although a patient may have insurance, the financial responsibility of the account is solely up to the patient, patient's parent(s) or guardians(s). Having insurance does not necessarily guarantee that the account will be paid in full by the insurance company. Balances remaining are the responsibility of the patient, patient's parent(s) or guardians(s) and can be paid via cash, check, Mastercard, Visa, or Discover. **Co-pays, as well as account balances are expected at the time of services rendered, unless other arrangements have been preestablished.**

We understand that some families may have multiple parties sharing responsibility for a child. Our office does not mediate between parties when disputes arise. The undersigned accepts ultimate responsibility for the child. In the event that multiple parties have signed, balances and credits will be administered to the party bringing the child for services provided.

All balances after 90 days are subject to review for professional collection. In the event this account is turned over to an attorney for collections, the undersigned agrees to pay all costs, including reasonable attorney fees.

I have read the above information and I understand that I am financially responsible for charges incurred for services rendered by the office of James E. Lenahan, DDS.

X (Please see receptionist to sign electronically)
Parent or responsible party

James E. Lenahan, DDS, PC
Megan E. Lenahan, DDS, MS

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Note: You may refuse to sign this acknowledgement.

I, _____, have read/received a copy of this office's Notice of Privacy Practices.

X (Please see receptionist to sign electronically)
Parent or responsible party