

**GENERAL INFORMATION FROM THE OFFICE OF
JACKIE L. BANAHAN, D.M.D.**

3141 Beaumont Centre Circle, Lexington, KY 40513
(859) 223-4888

- Office Hours** Our regular office hours are Monday through Thursday from 8:30 AM – 5:00 PM. Hours on Friday will vary.
- Emergencies** If you have a dental emergency, please call the office, 223-4888 and you will be given further instructions.
- Rescheduling Appointments** Should it become necessary to reschedule your appointment, we ask that every consideration be made to notify us as far in advance as possible. There will be a charge of \$60.00 applied for all appointments broken without 24 hours advance notice.
- Fee & Payment Policy** In an effort to keep dental costs low while maintaining a high level of professional care, we have established the following as our financial policy. Our fees may be paid as follows:
1. **Prepayment or payment at the time of treatment with a 5% discount on amounts totaling over \$200.00.** Prepayment saves us both the time and expense of billing, enabling us to provide this discount. If you have dental insurance, we will offer this discount for payment of your portion that is not covered by insurance.
 2. **Payment of the balance in full within 10 days of statement date.**
 3. **VISA, MasterCard, or Discover**
 4. Financial arrangements are available upon special request. **Please make these arrangements in advance.** All account balances outstanding more than 60 days from treatment date will bear interest at 1 ½ % per month. The minimum finance charge to be applied to such accounts is \$1.50.
 5. All major treatment and any treatment involving a laboratory procedure will require an appropriate down payment.
- Insurance** Insurance is a benefit provided to employees to assist them in obtaining proper health care as needed. Dental plans usually do not pay the entire cost of care, although they often pay most or all of the costs of preventive visits. Insurance benefits are actually owed to the insured, not the dentist. For your convenience, we will accept assignment of dental insurance benefits and will file your insurance claim on your behalf. Payment of the insurance deductible and **estimated** co-pay for each visit is payable based on the above payment policy. **Patients are responsible for any balance not paid by their insurance within 60 days.**
- Statements** Our office issues monthly statement. Even if an insurance claim is outstanding, your statement will show the total amount owed on your account. Unpaid amounts, or the estimated insurance co-payment, are due within 10 days of statement date.
- Past Due Account Balances** If you should not be able to make payment on your account as agreed, we ask that you immediately contact our office. Should the account become delinquent, with no payment or contact from you, the account may be subject to collection by means of a collection agency, civil suit, or both. Finance charges of 18% APR continue to accrue until the entire balance, including all finance and collection charges, is paid in full.
- Returned Checks** There will be a \$37.00 charge on all returned checks.

I have read and understand the above policy and I agree to abide by the terms.

Responsible Party

Date