



Beverly Hills Dental
Dr. Raphael Lewis D.D.S.

Office Policy

Missed Appointment Policy: When you are scheduled, we do not “double book the appointment, the time is reserved just for you. If an appointment cannot be kept, kindly give 48 business hours’ notice so that another patient may have your appointment time. There will be a \$25.00 charge if we are not notified of your missed/cancelled appointment. If you are more than 15 minutes late to appointments, we consider this a missed appointment and a fee will be charged. If you have an 8:00AM appointment or a 1:30PM appointment, and you do not confirm, you will lose your spot.

Patients with Dental Insurances: As a courtesy to you, our office will gladly submit to your insurance. We accept most major insurances. However, we do not accept DMO or HMO plans. Under these plans, there is NO COVERAGE when treatment is rendered by a non-participating dentist.

Payments: Payment of services is due at the time of your office visit. We accept cash, check, Visa, MasterCard, Discover and Care Credit. Payment of your “estimated” portion is due at the time services are rendered, such as your annual deductible and/or percentage of the treatment not covered by insurance. As a courtesy, we will gladly contact your insurance in order to provide an estimate of your patient portion. However despite this, we cannot guarantee the payment of insurance benefits nor can we provide 100% accuracy of this estimated amount since many factors are involved that determine the actual payment of benefits once submitted and processed by your insurance. Should an outstanding balance be due after your insurance company processes your claim, you will be sent a statement from our office. You will have 30 days to take care of the claim or balance or an interest rate of 6% per billing cycle will be charged to your account.

Unpaid Insurance Claims: All dental services rendered, whether or not covered by insurance, are ultimately the financial responsibility of the account holder. We will give your insurance company 60 days to remit payment. If there is still no payment after this time, in order to keep your account current, you will be financially responsible for 100% of the outstanding insurance claim. A statement will be sent to you, and payment in full will be due on the date printed on the statement. It is the responsibility of the account holder to follow up with their own insurance company regarding the non-payment of a claim. Should our office eventually receive a payment from your insurance after it has been paid by you, a prompt refund will be issued.

Returned check policy: Our returned check fees are:
\$25 for checks with face value up to \$50
\$30 for checks with face value of \$50-300
\$40 or 5%, whichever is greater, for checks with a face value greater than \$300

I have read and accept the office policy; I also understand that I am ultimately responsible for all charges incurred for dentistry performed upon myself in this dental practice.

Signature of patient: _____ **Date:** _____

OR

Parent/Guardian signature

Name of Parent/Guardian: _____

(Please Print)

Signature of Parent/Guardian: _____ **Date:** _____

Relationship to patient: _____