Gavin P. Lynch D.D.S., P.C.
General Dentistry

Office Financial Policy

- **Our office does not participate with any dental insurance plans.**
- **Patients without Dental Insurance Coverage** are required to pay for treatment at time of appointment.
- **Patients with Dental Insurance** are expected to pay for all co-payments at time of appointment. We will gladly file all claims and accept assignment of benefits. Some insurance policies will only pay the policy holder directly. Those patient's are asked to pay at each appointment. **(G.H.I., Delta, BC/BS, etc.)**
- **Methods of Payment: Cash, Check, M/C or Visa, Care Credit (revolving Credit Account)**
- **Fees and Finance charges:** All accounts with outstanding balances over 90 days will be subject to finance charges currently at 1.5% monthly or 18% annually. All checks returned will be subject to a $30.00 fee.

Appointments

Office hours are by appointment only. Our office requests a 48 hour notice if you're unable to keep your reserved appointment or need to change the time. Patients who repeatedly break appointments without notice will be charged a broken appointment fee.

Agreement

Patient_____ Date of Birth_____

Address _____

The undersigned hereby consents to examination and treatment by Gavin P. Lynch D.D.S., P.C. and his staff. I authorize the release of dental records to my insurance company for the purpose of securing payment. I also authorize release of my dental records to dentists consulting on my care. I authorize payment of insurance benefits directly to Dr. Gavin P. Lynch D.D.S., P.C. I am aware that I am responsible for any portion, which is denied, or otherwise not covered by my insurance company.

In the event I default on payment of any bill issued on behalf of Gavin P. Lynch D.D.S., P.C. I agree to pay all collection costs associated with collecting such debt, including, but not limited to attorney fees of 25% (twenty five percent), together with costs and disbursements.

_____ _____

Signature of patient, parent, guardian Date

_____ _____

Print name of signer Relationship of signer

309 Kasson Road, Camillus, New York 13031 • Phone: 315-487-1591 • Fax: 315-487-4363 • **www.LynchDentistry.com**