

Lisa A. Muff D. M. D
1505 Sullivan Trail
Easton, PA 18040
(610) 559-8001
Fax (610) 559-8605

FINANCIAL POLICY

PATIENTS WITH INSURANCE: At your first visit to the office, we request payment in full in order to establish your account. As a courtesy to you, we will process and submit your claim to your insurance company, asking that they send the payment directly to you. At subsequent visits, your co-payment is due at the time services are rendered, and we will continue to process and submit your claims.

Your dental benefit booklet from your employer will explain your particular plan. If you do not have this information, we will be happy to assist you. We estimate that most insurance plans pay 100% preventative services (cleanings, exams and x-rays), 80% of restorative services (fillings, etc.) and 50% of major dental work (crowns, bridges, etc.). WE submit insurance claims for the convenience of our patients and will make every effort to assist you with your claims. We do ask, however, that you notify us of any change in your insurance carrier so we can properly serve you.

BLUE CROSS AND BLUE SHIELD PATIENTS, DELTA DENTAL PATIENTS AND PATIENTS WITHOUT INSURANCE:

Payment in full is expected at the time services are rendered. We accept cash, personal checks, Visa and MasterCard. If applicable, we will process and submit your claim, and request your insurance company to direct payment to you.

UNIQUE FAMILY SITUATIONS: We understand that there are often different arrangements being made by families for the financial responsibilities of their children. We would like to be sensitive to each and every unique situation. It is our office policy that the parent or guardian who brings the child for their dental visit is expected to pay for the services rendered at that time. Your cooperation is greatly appreciated in this matter.

EMERGENCY PATIENTS: At your visit to the office, payment in full is requested. As a consideration to you, if you have insurance, we will process and submit your claim and direct payment to you.

CANCELLATION POLICY: The appointment you make is reserved solely for you. Therefore, notification at least 48 hours in advance is required if you need to reschedule or cancel an appointment. This allows us the opportunity to reappoint another patient to this time. If proper notice is not given, a fee may be charged to your account based on the length of the appointment.

IF YOU HAVE ANY QUESTIONS REGARDING OUR FINANCIAL POLICIES, PLEASE FEEL FREE TO DISCUSS THEM WITH ANY OF OUR STAFF MEMBERS.

SIGNATURE

DATE