

James B. Lee, DDS

Financial Policy Agreement

I understand and acknowledge that I am fully and completely responsible for the payment of all costs associated with services, treatments, procedures and/or diagnostic methods performed and utilized by Dr. James B. Lee and others. I acknowledge that any insurance coverage or managed care benefit that I may have is based on a contract between my insurance company or managed care company and me, my spouse and/or my employer. Dr. James B. Lee is not a party to this contract and the services, treatments, procedures and/or diagnostic methods are provided to me. Therefore, I acknowledge that I am fully responsible for the payment of all sums owed to Dr. James B. Lee for the services, treatments, procedures and/or diagnostic methods provided to me. As a courtesy to me, the dental office of Dr. James B. Lee will bill my insurance company or managed care company and I acknowledge that I will remain liable for any and all amounts not paid by the insurance company or managed care company for any reason (including but not limited to the insurance company or managed care company declining coverage after initially approving it). I acknowledge that it is my responsibility to provide the dental office of Dr. James B. Lee with my current insurance or managed care information and any changes thereto.

Any account balances that remain unpaid for 180 days from the date of service may be referred to a collection company. In the event this occurs, I acknowledge and understand that I am responsible for all costs incurred in connection therewith.

I consent to be contacted by Dr. James B. Lee, any agent of the dental office of Dr. James B. Lee, or any collection agency to whom an unpaid account balance has been assigned or referred by mail and/or at any facsimile number, email address or phone number (whether cell phone or landline) that I provide to the dental office or any agent of the dental office.

Patient Name: _____

Date: _____

Patient Signature: _____

Guardian/Responsible Party (if minor): _____