



MYRNA E. LAZAGA D.M.D.

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FINANCIAL POLICY

Myrna E. Lazaga D.M.D is committed to providing you with the best possible care and we are pleased to discuss our professional fees with you any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees or your financial responsibility.

We provide a 5% accounting reduction for your payment if paid in full one day prior to your scheduled appointment.

WE accept cash, checks, Visa and MasterCard. Under certain circumstances, with prior credit approval and approved credit card, we do offer extended payment plans. If you need additional information on that, please talk to our financial coordinator.

Co-Payments- By law, we must collect your insurance designated copay at the time of service. Please be prepared to pay that copay at each visit. Denied payment from your insurance will be your full responsibility.

Non-Copay Plans – If your plan does not require a copay and we participate, we will accept the designated fee. You are responsible for any deductible and balance your plan indicates on their explanation of benefits.

Self Pay – Payment is expected at the time of service unless other financial arrangements have been made prior to your visit.

Adult Patients – Adult patients are responsible for payment at the time of service.

Minor Patient – The adult accompanying a minor and the parents/guardian of the minor are responsible for the full payment at the time of service.

Usual and Customary Fees – We are dedicated to providing the best treatment for our patients and we charge what is usual and customary for our area of the country. The usual and customary amount noted on the explanation of benefits does not accurately reflect individual charges. Therefore, you are responsible for payment regardless of any insurance company's (or other benefit program's) arbitrary determination of what are usual and customary fees.

Missed Appointments – Our policy is to charge for missed appointments; those appointments that are not cancelled at least 24-hours in advance. The charge is \$50.00 (fifty dollars). Please help us serve you better by keeping all scheduled appointments.

Account Balances – You are responsible for timely payment of your account. Myrna E. Lazaga D.M.D. reserves the right to reschedule or deny a future appointment on delinquent accounts.

I certify that I have read and understand the “Financial Policy” and agree to all terms and conditions as stated above. I understand it is my sole responsibility to verify dental coverage with the insurance company or other benefits programs and that I am ultimately responsible for payment in full for any outstanding balances incurred.

Print Name: _____ Date: _____ Signature: _____