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# Lake Sammamish Family Dentistry

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**Here at Lake Sammamish Family Dentistry we strives to provide the highest quality of dental care in a pleasant and supportive atmosphere.**

To make our relationship more comfortable, we offer the following information on our financial policies, insurance billing, cancellations and failed appointment policy. To avoid any misunderstanding, please take a moment and read these policies before signing.

**Financial Policy**

Payment for treatment rendered is expected at the time of treatment. Should you need a payment plan, the following options are available to patients of record and again, expected at the time of treatment. We accept Visa/MC/Amex/Care Credit/Check or Cash. With a signed "Payment Agreement", a 4-month payment plan may be offered for larger treatment cost with 25% of the copay due at time of service and a Credit Card or Debit Card on file to auto charge each month. Please note: a 1% interest applies to ALL balances over 60 days. Appointments and treatment are scheduled as you the patient have requested, however in some instances treatment plans may change and additional treatment may be needed in the best interest of your dental health. This may change the cost of your treatment. Initial [redacted]

**Insurance Billing**

For our patients with insurance, as a courtesy we are happy to file all dental claims for your convenience; however, your help in being sure your insurance company pays the claim is required. Also please understand the guidelines and allowable dental maximums are set by your employer and are a contract between you, your employer, and your Insurance Company. We make every effort to assist you in these guidelines set forth by your insurance company; however, ultimately the fees charged for all services you received in this office are your responsibility. Any treatment rendered that is not covered by your insurance policy is due in full by you. In addition, understand that many Insurance companies have frequencies for most services, your insurance may also downgrade coverage percentages for white composite fillings and porcelain crowns, this information would be listed in your benefit booklet of which we are not privy to. Many Insurance companies do not see the value of your health thus; preventive treatments such as Val Scope (Oral Cancer Screenings), Fluoride, Sealants, additional Perio Maintenance Cleanings, Night Guards, and Sleep Appliances may not be covered by your plan. If not covered, please express to your employer that you deserve these benefits in the best interest of your health. Initial [redacted]

**Cancellations & Failed Appointments**

Out of consideration to both your Doctor and our team, we kindly ask if you are unable to keep a reserved appointment time set for you, please call our office immediately. A 48 hour notification is required to avoid a \$75 fee per hour of scheduled time. This fee will also be assessed to all failed and short notice cancelled appointments. Please know we make every effort, as a courtesy to remind you of your appointments, however you are ultimately responsible for your appointments made, and this includes advanced scheduled hygiene appointments out, 4-6 months. We would like to help you with a 20 day advance reminder of your appointments through your email. Please double check that we have the best e-mail and updated cell phone to reach you. Initial [redacted]

*Thank you for signing below in acknowledgement of these policies.  
We look forward to providing you with optimal care for years to come.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_