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INSURANCE POLICY AND BILLING

Thank you for choosing us as your health provider. We are committed to your care and treatment. The following is a statement of our Financial Policy which we require that you read and sign prior to treatment.

INSURANCE POLICY

As a courtesy, we will bill your insurance company for services. If you fail to provide us with your insurance information, you will be given a bill and an itemized statement which you may submit to your insurance company.

Please provide the receptionist with all insurance information, including current insurance cards and contact information. Our charges are usual and customary for this area. If you have any questions regarding services, charges and/or billings on a particular date of service, please feel free to contact us.

Insurance companies take from weeks to months to reimburse our office. If we have difficulties, especially after rebilling your insurance, you will be billed so that you may deal directly with your insurance company.

You are responsible for payments of all services provided especially deductibles and co-payments.

BILLING POLICY

Payments for non-covered services is due at the time of the service unless other arrangements are made. We accept cash, money orders, checks, Visa, MasterCard and CareCredit.

I authorize the release of any medical information necessary to process my insurance claim, and I authorize payment of medical benefits to be made to the provided listed above for the services rendered. I authorize the release of medical information to my family physician.

I HAVE READ AND AGREE TO THE ABOVE POLICY.

Patient signature
(Guardian, if minor)

Date