

**Elkhart Dental Center**  
*Sangyoung Lee, D.D.S.*

125 S. Nappanee St. Elkhart, IN 46514  
Tel: (574) 522-0156 Fax: (574) 294-1407



**INSURANCE AND PAYMENT POLICIES**

All services performed without previous financial arrangements, must be paid in full at the time services are performed.

**For patients with Dental Insurance:** We will file your claim for you at no charge however; we ask that your deductibles and your estimated portions be paid as services are rendered. Insurance benefits are only estimates not a guaranteed payment. All account balances not covered by insurance benefits are your responsibility.

Please note for your convenience, we do accept VISA, MasterCard, Discover, American Express, and Care Credit as well as checks and cash.

We realize that many families are in a state of change. The policy in our office is that the parent who requests treatment for a child is responsible to us for all fees incurred.

Patient name \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

Signature of patient

OR

X \_\_\_\_\_

Signature of guarantor of payment/responsible party

Relationship to patient \_\_\_\_\_ Date \_\_\_\_\_