

# Dr. Amanda Lewis, DMD

2220 North Monroe St.

Decatur, IL 62526

Phone (217)877-1742 /Fax (217)877-0652

Welcome, we are happy to have you as a patient! Because we value our relationship with you, we would like to explain some of our office policies. If you have any questions about any of the information provided, please feel free to ask.

## Office Hours

Dr. Lewis is in the office on Monday, 7:30am to 4:30pm, Tuesday and Thursday, 7:30am to 5:00pm, Wednesday, 7:30am to 12:30pm, and Friday, the office is closed. Monday and Tuesday, the office is closed from 12:30pm to 1:30pm for lunch, Thursday, the office is closed from 12:30pm to 2:00pm for lunch.

## New Patients

New patients are frequently seen for a complete exam and x-rays before any work is scheduled. This allows the patient and Dr. Lewis to become acquainted, go over treatment needed, and to help plan the best care for patients. As a general rule, we ask that all parents wait in the waiting area. We feel that children respond better to direction from the staff and Dr. Lewis if the parents are not in the treatment room. If there are special circumstances with your child, please inform the staff when making appointments. If we are unable to complete treatment on your child, he/she will be referred to a pediatric dentist. **You must bring completed and signed paperwork with you to your appointment.** If you do not bring completed paperwork, you take the chance of being rescheduled.

## Insurance and Financial Policies

If you have dental insurance, as a courtesy, we will file your claim. **We do not participate with any PPO/HMO with the exception of Delta Dental.** Responsibility of the account remains that of the account holder, regardless of insurance coverage. Your portion of the treatment cost is expected at the time of service. **You must make payment arrangements prior to treatment.** We accept cash, check, Visa, or MasterCard. We also have third party financing options available. Please ask our Financial Coordinator for details. If any of the account has an unpaid balance after 60 days, an automatic 2% monthly service charge will be added. In the event your account is past due, you may be turned over to a collection agency. In this case, you agree to be responsible for finance charge of 2% per month for the date of invoice, all fees necessary for the collection of the account including, but not limited to, collection agency fees of 50% of the balance due and costs of reasonable attorney fees of 33% of the balance due. If you are unable to keep your appointment, kindly give us a 24 hour notice or we reserve the right to charge a \$25 missed appointment fee. There is a \$25 fee for returned checks.

Signature \_\_\_\_\_

Date \_\_\_\_\_