



Patients are required to pay in full at the time of service. Cash, Check, Visa, MasterCard, Discover, American Express or CareCredit are accepted forms of payment.

PATIENTS WITH INSURANCE COVERAGE

- We will submit the claim to your insurance carrier as a courtesy to you. However, you are responsible for the payment of the account, and **RESPONSIBLE FOR RESOLVING ANY PROBLEMS WITH YOUR INSURANCE COMPANY**. Please understand you (the patient) have a contract with your insurance company. You are responsible for knowing your insurance coverage. If you have any issues or policy questions, please contact your insurance carrier.
- We will check your insurance carrier for your benefit and give you an **ESTIMATE** of the fee for your service prior to your treatment. However, the estimate is not a guarantee until the claim is finalized with your insurance company and any remaining balance will be billed to you as your responsibility. Sometimes there is a **COINSURANCE, DEDUCTIBLE or BALANCE DUE FOR NON-COVERED SERVICES** after the claim is finalized regardless what is told to our staff by the insurance company. **ANY ESTIMATES ARE NOT A GUARANTEE.**
- If your insurance company has not paid your claim within 90 days after submission, you may be required to pay for the services rendered. If a payment is received later from the insurance company, it will be credited to the account and refunded accordingly.

Refunds

- Any patient that is due a refund over \$50 will have a reimbursement check written **FOLLOWING** the receipt of his/her insurance payment or explanation of benefits and mailed to the address on file.
- Refunds of \$50 or less will be left as a credit on the patient's account.
- Refund checks are printed once a month and will be mailed to the guarantor on the account.

ADDITIONAL TERMS

- Appointments that are canceled with less than 24 hours' notice are subject to a \$50 cancellation fee.
- Any check that is returned by a bank for Non-Sufficient Funds are subject to a minimum \$40 processing charge.
- Any account that is greater than 90 days **past due** will be turned over to our collection agency, and due to the administrative charges, you will be subject to a collections cost of 37% of the account balance. You may also be responsible for any court costs and reasonable attorney fees. Once your account is sent to collections, you cannot be treated in this office until that balance is \$0.

Quoted fees are guaranteed for 1 year. If you are unsure of the fee for service, it is your responsibility to confirm the fee prior to the procedure with the front desk staff.

I HAVE READ THE ABOVE AND UNDERSTAND THE FINANCIAL POLICY OF KIRKWOOD DENTAL ASSOCIATES.

Patient Name: _____

Patient Signature: _____ **Date:** _____