

## **KLAHANIE FAMILY DENTISTRY FINANCIAL POLICY**

Thank you for choosing us as your dental health care provider. We are committed to providing you with quality and affordable dental care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this financial/payment policy. Please read it, ask any questions you may have and then sign below. ***We would be happy to print a copy for you at your request.***

**INSURANCE**- We participate in most insurance plans. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by one of our plans, but do not have an up-to-date insurance card, payment in full is required for each visit until we can verify your coverage. ***Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.***

**CO-PAYMENTS & DEDUCTIBLES**-All co-pays and deductibles are estimated and must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-pays and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-pay at each visit. We accept cash, checks, all major credit cards and debit cards.

**NON-COVERED SERVICES**-Please be aware that some and perhaps all of the services you receive may be non-covered or not considered reasonable and necessary by your insurance carrier. You must pay for these services in full.

**CLAIMS SUBMISSION**-We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract. Finance charges are assessed on any account over 60 days at 1% per month or 12% annually.

**COVERAGE CHANGES**-If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 60 days, the balance will be automatically billed to you.

**NON-PAYMENT**-If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if your balance remains unpaid, we may refer your account to a collections agency and you and your immediate family members may be discharged from the practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative dental care. During that 30 day period, our doctors will be able to treat you on an emergency basis only.

**MISSED APPOINTMENT**-We require 48 hour notice for any cancellations or rescheduled appointments. The charges for late cancels, late reschedules and no show appointments are

\$85 per hour. These charges will be your responsibility and billed directly to you. Please help us serve you better by keeping your regularly scheduled appointment time. If you arrive for an appointment after your time, you may be offered an alternative appointment time or rescheduled for another day.

**ADDITIONAL INFORMATION**-*All fees are subject to change without prior notice.* We do provide the use of nitrous oxide for patients if needed. A charge of \$35 per half hour will be rendered at the time of service. For duplication of x-rays there will be a fee of \$30 for a full mouth series and \$20 for bite-wing x-rays. All patient records and original x-rays are required by law to be held by the providing dentist for seven years.

Our practice is committed to providing the best treatment for our patients and to provide a comprehensive care plan, followed by a preventative maintenance schedule. We strive to present all treatment prior to all restorative appointments. Our prices are representative of the usual and customary charges for our area. We make every attempt to provide quality care in a comfortable environment.

***Welcome to Klahanie Family Dentistry!***

**I agree that I am fully responsible for the total payment of all procedures performed in the office.**

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Signature of Responsible party

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Date