



Financial Policy Acknowledgment

The following information is to inform you of our financial policy. If, at any time, you have questions regarding this policy please do not hesitate to ask any member of our business team.

We are committed to providing you with the highest quality of care and will communicate all recommended treatment options and associated fees, prior to the start of treatment. Our fees are a reflection of the quality of care we provide and payment in full is expected at the time of treatment. We offer a variety of financial options to enable you to receive the dental care you need. We accept cash, check, VISA, MasterCard, Discover, American Express and have partnered with CareCredit, a third-party company, to offer the flexibility of interest free/deferred interest financing and extended payment options. **Check policy: If your check is returned for any reason, we will electronically debit your account for the amount of the check plus a processing fee of \$25.00.**

We are committed to respecting your time and ask that you make every effort to keep the appointment time reserved exclusively for you. We understand there may be times when you are unable to keep your scheduled appointment. **However, should you find it necessary to reschedule or cancel, we require a notice of 2 business days to avoid being charged a \$25 appointment fee.**

As a courtesy to our patients with dental insurance we will submit your claim and provide any necessary information to assist you in receiving your benefits. We require that any applicable deductibles and estimated patient portion be paid at the time treatment is rendered. We do accept assignment of insurance benefits as a form of payment to help reduce your immediate out-of-pocket expense. We are participating providers in the Delta Dental Premier, Blue Cross Blue Shield of Kansas Premier, FEP Blue Advantage, Met Life, Cigna, and Aetna network; however, we do not participate in any other network plans. Please contact your insurance carrier prior to your visit to obtain essential information which will accurately reflect your coverage. Providing us with this information will expedite the processing of claims. If you have a direct reimbursement policy, payment in full is expected on the day of service and your dental plan will reimburse you. Dental insurance is a contract between the patient and the insurance company. It is a benefit to assist you with the cost of dental care. At no time should insurance benefits compromise your doctor's diagnosis or affect your choice of treatment. **You (not the insurance company) are responsible for the fees of services rendered.** It is your responsibility to understand the type of dental insurance you have (i.e., Traditional, PPO, or DMO), and the benefits selected by you and /or your employer.

Children of Divorced Parents: The parent, or responsible party, accompanying a child(ren) for care is responsible for payment at the time of service. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent. Account statements for child(ren) will be sent to the guarantor on file when the patient was added into our system at first appointment.

Billing Policy and Fees

A delinquent account impedes our ability to provide you with the quality dental care that you deserve. All accounts with statement balances are subject to a 3% Billing Charge if payment is not received by the due date. If your account is referred to an outside source for collections, you will be responsible for additional costs including but not limited to: collection fees, attorney fee and court costs.

Patient/Parent/Guardian Signature _____ Date: _____ Rev. 12/24