

KEHRS MILL DENTAL ARTS FINANCIAL POLICY AND RESPONSIBILITY AGREEMENT

Thank you for choosing us as your dental care provider. We are committed to providing you with the best technology available for diagnosing and treating your dental care needs in a safe and comfortable environment.

The following explanation is intended to promote a better understanding of our financial policy and to develop a comfortable relationship between patient and doctor. We require you to read and agree to sign this policy prior to the start of any treatment at Kehrs Mill Dental Arts.

After the initial evaluation and before treatment is rendered, the doctor will provide you with an explanation of their findings, a detailed treatment plan, an estimate of the expense of the proposed treatment, and answer any questions that you may have regarding this treatment. Our financial coordinator will discuss with you the options that are available to assist you with fulfilling your payment obligations.

In our ongoing effort to keep dental treatment costs down, while maintaining a high level of professional care, we have established the following payment arrangements for the benefit of our patients.

OUR SERVICES MAY BE PAID FOR AS FOLLOWS:

1. We accept Visa, MasterCard, Discover, American Express, personal checks, and cash.
2. Third party financing through Care Credit.

FOR PATIENTS WITH DENTAL INSURANCE

Kehrs Mill Dental Arts and its associates is a non-network provider with respect to any and all HMO insurance plans which limits the amount of dental reimbursement. Kehrs Mill Dental Arts will be happy to assist you with information regarding insurance filing. The patient is responsible for full payment of all charges on their account. Charges for dental services are due and payable at the time the service is rendered. If you have dental insurance, it should be understood that this is an agreement between you and your insurance company. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid for by your insurance. Kehrs Mill Dental Arts will assist you with obtaining pre-certifications for dental procedures if necessary. It remains your responsibility and obligation to verify insurance coverage and assume responsibility for payment of any and all procedures you elect to have done.

FOR PATIENTS WITHOUT DENTAL INSURANCE

We require all procedures to be paid for at the time of service. Arrangements for payment of major restorative or cosmetic procedures will be made prior to the start of these procedures. Our financial coordinator will inform you of the payment schedule for these procedures, as they are very individualized and require an understanding of the treatment plan.

RESPONSIBILITY AGREEMENT

I hereby agree to pay all amounts due on my account as service is provided.

I hereby assign all dental benefits to include all private insurance and other health plans with dental coverage to Kehrs Mill Dental Arts.

I fully understand that I am financially responsible for all charges on my account whether or not they are covered by and paid for by my insurance company. To the extent necessary to determine liability for payment, and to obtain reimbursement, I authorize disclosure of my dental records and release of all information necessary to secure payment from said insurance company.

If there is a balance due on my account after receipt of insurance payment, I agree to pay the full amount of the balance within 14 days of receipt of the billing statement.

If no insurance payment is received after 60 days of filing with my insurance by Kehrs Mill Dental Arts, I agree to pay the full amount of the charges due within 14 days of receipt of the billing statement. Kehrs Mill Dental Arts will reimburse any and all payments received by your insurance company within 14 days of receipt of the payment. If an outstanding balance remains on your account, we will apply this payment to the balance of the account and refund to you the remainder of the credit on your account.

I will honor any and all special payment arrangements relating to extensive and cosmetic procedures that have been approved by the financial coordinator. These arrangements relate to monies due at the beginning, middle, and upon completion of the procedures outlined in my treatment plan.

All appointments are scheduled on a reserved time basis. Please notify us at least 24 hours in advance if you cannot keep your appointment. Cancellations or missed appointments may require you to pay for services upfront prior to scheduling an appointment.

I HAVE RECEIVED THE ABOVE FINANCIAL POLICY AND AGREE TO COMPLY WITH ALL OF THE TERMS AND CONDITIONS AND UNDERSTAND THAT I AM RESPONSIBLE FOR ALL COSTS OF PROCEDURES PERFORMED ON ME AT KEHRS MILL DENTAL ARTS.

Responsible Party Signature

Date

Office Representative Signature

Date