



Guest Financial Policy

Welcome to our office. We are honored that you have chosen us as your dental healthcare provider. We are committed to providing you with the best possible care! If you have dental insurance, we will help you receive your maximum allowable benefits. In order to achieve these goals we need your assistance and your understanding of our payment policy. We will always clarify financial arrangements prior to treatment.

1. Payment is due at the time services are rendered unless other payment arrangements have been approved, in advance, by our staff. We accept payment for services in cash, check, American Express, Mastercard or Visa. _____ (please initial).

2. If you have dental insurance we will be happy to file and have your insurance company reimburse you.

3. For extensive treatment we offer an accounting courtesy for treatment paid in full two weeks prior to the service.

4. As a courtesy to our patients, we have extended financing available through Koch Aesthetic Dentistry and various financial institutions. These resources are available to support you in having optimal treatment when you need it. Please check if you are interested in extended financing.

Yes ___ No ___

5. Fees quoted are accepted for 90 days. In the event that clinical conditions warrant a different treatment, you will be notified of changes in fees prior to proceeding with the procedure.

6. Balances older than 60 days will be subject to interest charges of 1.5% per month, or 18% annually.

7. A \$25.00 NSF fee will be charged for all returned checks.

8. In the event that payment is not made for services after a reasonable period of time, our attorney will be advised and formal action to collect will be initiated. You will be responsible for any attorney's fees and/or collection charges incurred.

9. Broken appointments and appointments canceled with less than 24 hours advance notice will be subject to a broken appointment or last minute cancellation fee.

Insurance

The process of utilization and quality of insurance has changed much over the years. We will do our best to help you understand and utilize your benefits. The amount of coverage your insurance provides is strictly a function of the policy selected by you and your employer.

Note: Your insurance is a contract between you, your employer and the insurance carrier. We are not a party to that contract. If you have a problem with your insurance coverage, we ask that you speak directly to your insurance company. Your charges in our office are your responsibility from the date the services are rendered. We do not base your diagnosed treatment on your insurance coverage. We base it on your need and desires. We take pride in the quality care we offer our patients and make every effort to have your dental visits with us be as comfortable as possible.

Thank you for reviewing our financial policy. We make every effort to explain your costs to you and to avoid misunderstandings so that we can focus on your dental health. If you have any questions please ask. We are here to serve you.

I have read, understand and agree to abide by this policy. I have been given the opportunity to receive a copy of this document.

Signature _____ Date _____

Witness _____ Date _____