



## **FINANCIAL POLICY/INSURANCE INFORMATION**

### **INSURANCE ACCEPTED**

It is important for **you** to know and understand your coverage. We understand our patients invest countless dollars each year on dental insurance coverage. Our skilled team has experience processing and filing claims to maximize patient benefits. Please don't hesitate to ask our knowledgeable team any questions you have about your coverage. We are also in-network providers for some of the most common dental insurance plans. Our team members are dedicated to making any dentistry services affordable for our patients.

### **INSURANCE - REASONABLE AND CUSTOMARY/PERCENTAGE COVERED**

Insurance companies independently establish a fee that they allow, and will pay for each dental procedure. This amount payable varies from area to area, company to company and will vary depending on the quality of the particular plan you have selected.

Some insurance companies pay a flat fee for each procedure versus a percentage. Most companies provide this fee schedule, we ask that you share a copy with us so we may help in determining your coverage. Their fee schedule will show the actual amount they will reimburse for each procedure, and we can then determine your co-payments.

### **Pre-treatment Estimate**

For non-emergency work such as crowns, bridges, and dentures a pre-estimate can be submitted to your insurance company to verify the amount they will cover on a procedure. This may delay treatment, however it may be beneficial in some situations to determine the actual amount, versus an estimate.

### **Broken Appointments/Finance Charges and Other Fees**

We understand that there may be times when you are unable to keep your scheduled appointment time; however, we do ask that a **24 hour notice** be given to allow us adequate time to fill your reserved time slot. A fee will be charged OF \$50.00 for appointments missed or cancelled with less than 24 hour notice.

If your account balance is over 60 days past due finance charges will be applied. Balances subject to a finance charge would reflect amounts owed after insurance has been paid. Our office sends billing statements the 1<sup>st</sup> of every month. In the event your account is sent to a collections agency, you will be responsible for any additional cost and legal fees involved in the collections of your account.

### **FINANCING AVAILABLE**

At the time of service, we ask for payment for the out of pocket cost of treatment, the portion not covered by insurance. We accept your payment in cash, check or major credit card.

Please ask us about our zero interest in-house payment plans and automatic draft options for your convenience. We will explain your options, so that we can accommodate your needs.

We are also happy to work with third party financiers that offer low and no interest payment plans. CareCredit is available in our office. If interested, ask our team for details or visit their website at [www.carecredit.com](http://www.carecredit.com).

***If you have any questions concerning our office financial policy, we encourage you to discuss them with us prior to treatment. We want to eliminate any misunderstandings. Our goal is to provide the highest quality, personalized care you deserve.***

**I have read and understand the financial policy of Dr. Cloe & Kennedy's Dental Office and agree to the terms and conditions stated herein.**

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Patient Signature and Date

OR

Parent/Guardian Signature and Date