

Kalman Klass, D.D.S.  
1001 Broadway, Suite 314  
Seattle, WA 98122

**Patient's Name** \_\_\_\_\_  
Please Print      Last                                      First                                      Middle

**Payment Policy**

Fees for services rendered are due at the time of service. We accept cash, check, Visa & MasterCard. As a courtesy to our patients with dental insurance, we will submit claims to your dental insurance company, provided you have given us correct information to do so. It is your responsibility to inform us of any changes to your employment and/or insurance plan.

We will make every effort to contact your insurance company to determine your eligibility and benefit status prior to your appointment. The information received is a guideline and NOT a guarantee of payment by your insurance. At the time of treatment, you are required to pay the difference between the treatment fee and the estimated insurance benefit.

Please understand the following:

1. Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract. Our financial relationship is with you, not your insurance company.
2. **All charges are your responsibility whether your insurance company pays or not.** Not all services are covered benefits in all contracts. Services covered by your insurance are directly related to the premiums you and your employer pay to the insurance company for your coverage.
3. Fees for these services, along with unpaid deductibles and co-pay are due at the time of treatment.
4. If the insurance company does not pay your balance in full within 30 days, as another courtesy, I will contact the insurance company to try and resolve any problems with the claim.
5. If the insurance company does not pay in full within 45 days, we will require you to pay the full balance due with cash, personal check, Visa or MasterCard.
6. If your account becomes delinquent, we may send the account to collections and you will be responsible for the costs associated with those services.
7. All accounts are subject to a finance charge if the full balance is not paid within 30 days.

**Cancellation and Failure Policy**

In the event of a failed appointment, or a cancellation without the courtesy 48-hour notice, there will be a \$90.00 charge. This must be paid prior to making another payment.

**Notice of Health Information Practices**

Our Health Information Practices Notice is posted in our office, as required by law. Please make sure you are aware of it and know that by signing this form you are acknowledging it has been read and understood.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_