

### **Financial Policy**

*Thank you for choosing Kelly Family Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.*

**Payment Policy:** In the effort to hold costs down, payment is due when services are provided. For your payment convenience, we accept Cash, Check, Visa, MasterCard and Discover.

**Payment Options:** For services exceeding \$300, you may be interested in our no interest payment plan through Care Credit. This arrangement must be made **prior** to your appointment. Please note, lab related services such as crowns, bridges, partial and full dentures require 50% at the preparation date and 50% at the completion date. If you have insurance benefits, you may pay half of your portion at the start date and the remaining half when the service is completed.

**Dental Insurance:** As a courtesy to our patients who have dental insurance coverage, we will gladly file the claim electronically for you. ***Your deductible and co-payment are due the day of service.*** We will figure these amounts for you using the information provided by your plan. This will include any amount that exceeds your annual maximum. Although we endeavor to be knowledgeable about the various insurance plans, it is your responsibility to know your policy benefits, limitations and exclusions. In the event the insurance claim is not processed within a timely manner, we will follow up with your carrier. However, further delays caused by the insurance company will require you to make full payment to our office. To expedite processing you will need to contact the insurance company directly. Your signature below indicates that the assignment of insurance benefits will be sent directly to our office. If the insurance company issues the payment directly to you, you will be responsible to make payment in full the day of service.

**Finance Charge:** A finance charge of 18% APR (or 1.5% MPR) will be automatically added to accounts that have a balance older than 30 days. Patient agrees to pay all cost of collection including but not limited to attorney fees, collection agency fees and court costs.

**Broken Appointment Fee:** Much time and preparation is invested in each appointment reserved. Last minute cancellations and no shows waste valuable time that could have been devoted to a patient in need especially for those who are having pain and discomfort. Therefore, we require 24 hours notice of cancellation. Failure to provide adequate notice of a change in schedule can result in a \$50 Broken Appointment Fee.

*Your signature below indicates that you have carefully read the preceding information and agree with the policies stated therein:*

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Signature of Patient or Guardian

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Date

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Patient Name (Please print)