

FINANCIAL POLICY

Matthew K. Keider, D.D.S.

It is our firm belief that all patients who come to this office want and deserve the finest dental care that can be provided. We feel that the best dental care can only be offered when definite financial arrangements are agreed upon. Therefore, our prime purpose in giving you this sheet is to acquaint you with our financial policy before giving you the necessary estimate for the services that are required.

AVAILABLE DENTAL PAYMENT PLANS

1. Payment is due on the day of treatment. If we accept assignment of insurance payment, the amount not covered by insurance is due the day of treatment (we will estimate your portion). Our policy is to have our patients pay in full for their first appointment (if they have insurance coverage or not). We will file an insurance claim for that visit. Each visit thereafter will be estimated for what your insurance will cover. The portion not covered by insurance will be the patients responsibility at that visit.
2. When dental visits involve laboratory fees (crowns, bridges, or dentures) a minimum of 1/2 the total fee is due at the first preparation appointment, and the balance will be paid at the delivery appointment of the final restoration.
3. We are happy to help you by submitting insurance claims without charge. However, it is important for you to understand that our professional services are rendered and charged to YOU, NOT an insurance company. We will try to assist you in estimating what your insurance company will pay. However, if for ANY reason the insurance payment is less than our estimate, any remaining balance is your responsibility. Dental insurance usually pays only a portion of your charges, and we urge you to be fully aware of the provisions of your dental plan policy. You may find it more convenient to pay when work is accomplished and collect this from your insurance company. We will not accept responsibility if your insurance company denies payment of a claim.
4. If it becomes necessary to place this account with a third party for collection due to non-payment, the person responsible for payment will be charged an additional 15% of the unpaid portion to cover collection fees. Your signature on this page constitutes an agreement to this policy.
5. In some situations, we may phone your bank to verify funds on personal checks written. There will be a \$20. fee assessed on all checks returned NSF.

SIGNATURE OF PERSON RESPONSIBLE FOR ACCOUNT _____
DATE _____