

POLICY CONSENT FORM

Welcome to our dental practice! Please take a moment to familiarize yourself with our office policies. After you have had the opportunity to read this consent form and have all your questions answered, please sign to show your understanding of the stated policies.

FINANCIAL ARRANGEMENTS

As a condition of your treatment by this office, financial arrangements must be made in advance. Without previous financial arrangements, all dental services must be paid for at the time services are performed. KDA accepts cash, checks, Visa, MasterCard, American Express, Discover, and Care Credit. There is a \$30 fee for returned checks.

DENTAL INSURANCE

Understanding your insurance coverage can be quite challenging. Our goal is to assist you in maximizing your benefits. We care for patients from many different companies. Each company pays an insurance premium for specific coverage that fits the company budget. Each plan is slightly different in its covered services. We encourage you to become familiar with your policy exclusions, deductibles and required co-payments.

Our courtesy service to you includes:

- Researching your dental insurance plan to advise you of benefits available to you.
- Electronically filing your insurance.
- Re-filing your insurance a second time when necessary.
- Following the American Dental Association guidelines for coding procedures and filing insurance.

Our expectations of you as the owner of the policy:

- Payment of fees not covered by your insurance plan when the service is delivered unless prior financial arrangements have been made.
- Understanding that the insurance policy belongs to you and we have no leverage to obtain payment from your insurance carrier.
- Realizing that dental insurance policies restrict some services, use restricted fee schedules (called Usual and Customary Rates-UCR) and exclude some procedures based on prior conditions or length of time on the plan. All restrictions are based on the premium paid for insurance, not our fees or recommended treatment.
- Most insurance payments are received between 30-60 days from the time of claim filing. If your insurance has not paid within 60 days, please contact your insurance company to determine the delay in payment. If the insurance company does not pay our office within 90 days, you assume responsibility for all charges.
- Inform the office of any changes in your insurance coverage or employment within 48 of your appointment time. This will enable us to verify your new coverage and file for benefits.

This practice does not accept Medicare or Medicaid, unless PPO.

FINANCE CHARGES

Unless previous financial arrangements are satisfied, any accounts exceeding 90 days will be assessed a finance charge of 1.5% each month. Failure to keep your account current may result in being unable to receive additional services. In the event your account is placed with a collection agency or attorney you agree to pay all costs of collection and/or attorney fees.

APPOINTMENTS

We understand that you are busy, and your time is valuable to us! We pride ourselves on keeping to our schedule and only deviate from it in the event of dental emergencies. To help us stay on track throughout our day we ask that you arrive on time for your scheduled appointment. Please call at least 48 hours in advance when changing appointments. Missed appointments without proper notification, or repeated cancellations, will incur a \$35 broken appointment fee.

By signing this form, I grant permission to Dr. David T. Kizer, Dr. Mark S. Smith, and staff to telephone me at home or work to discuss matters related to this form. I have read the above policies and agree to their content.

Signature of responsible party/guarantor of payment

Relationship to Patient

Date

Printed Name