



Financial Policy

Welcome to Klinger Family Dentistry. Thank you for choosing our office as your dental healthcare provider. We are committed to providing the highest quality and affordable dental care for you and your family. The following is a statement of our financial policy.

Payment is due at the time of service. Our office accepts cash, personal checks, all major credit cards, and Care Credit. In office financing may be offered on approved cases.

All account balances over 90 days are subject to a \$35 late fee. Delinquent accounts over 90 days will be handled by a collection agency. All fees incurred from the collection agency will be charged to your account. If legal action is necessary all fees incurred will be your responsibility.

A returned check fee of \$40 (subject to change as bank fees change) will be added to your account for any returned check. The \$40 fee plus full payment for the returned check amount must be paid in cash or by credit card.

We schedule your dental appointments carefully to reduce your waiting time and costs. Missed appointments can increase costs. We request at least 24 hours advance notice for rescheduling your appointment. We do understand that unforeseen circumstances may arise, which may result in canceling or rescheduling appointments on short notice. However, a \$40 fee may be charged for multiple failed appointments without proper notification.

INSURANCE

All charges incurred are your responsibility, regardless of your insurance coverage. We must emphasize that as a dental care provider, our relationship is with you. Your dental insurance policy is a contract between you, your employer and your insurance company. We are not a party to that contract.

As a courtesy to you, we will help you process your dental insurance claims. Please understand that any insurance coverage estimate may not be exact. It is NOT a guarantee that insurance will pay exactly as estimated. Insurance coverage is subject to several limitations. It is your responsibility to be aware and understand these limitations. We will do all we can to ensure your estimate is accurate based on the information we have. Your insurance company and your plan benefits ultimately determine the amount paid. Contact your insurance company for a detail of your benefits and limitations.

The treatment recommended to you is based on your needs and not your insurance coverage. We charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

We ask that you sign all necessary documents that may be required by your insurance company.

We ask that you pay the deductible and/or co-payment at the time the service is provided to you.

Insurance payments are ordinarily received within 30-60 days from the time of filing the claim. If your insurance company has not made payment within 60 days, we will ask that you contact your insurance company to make sure payment is expected. If payment is not received or your claim is denied, you will be responsible for paying the full amount at that time.

We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. Our office will NOT enter into a dispute with your insurance company over any claim.

In order for our office to properly manage your dental care needs current information is imperative. Please keep your records up to date by informing us of any changes to your account. This would include but not be limited to: name, address, phone numbers, email address, employer, insurance and all medical/health history.

I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS OF THIS FINANCIAL POLICY.

Please Print Responsible Party Name (include all patients under 18 you are responsible for): _____

Responsible Party Signature: _____ Date: _____