

## Curtis L Kaiser, D.D.S. Financial Policy

### For All Patients:

**A payment for service is expected at the time of service.** If the treatment requires multiple visits, payment may be divided over the number of visits. All unpaid accounts will be subject to a 1% monthly finance charge after 60 days. Delinquent accounts over 90 days could be referred to a collection agency. By acknowledging this policy you agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs, including reasonable attorney's fees we incur in such collection efforts.

- We accept MasterCard, Visa, Discover, American Express, & Care Credit
- **Regarding insurance-** We will gladly send in your insurance claims provided you have given us the necessary information from your company. We provide this service for you and not your insurance company. If we do not receive payment from your insurance company within 45 days, you are responsible to pay the balance in full. You may then collect from your insurance company.
- **IMPORTANT-** Although we call to verify you benefits, there is no guarantee of payment. The knowledge of provisions and limitations of your plan is **YOUR** responsibility. Please take it upon yourself to confirm your coverage and understanding of its provisions.
- Usual and Customary Fees- We are committed to providing the best treatment for our patients and 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.
- Refund Policy- In the event that a credit balance is created on your account, you will be issued a refund check or the credit will stay on your account as requested by you.
- **Returned Checks-** There is a \$35.00 service charge on all returned checks. All delinquent accounts will be sent to I.C. Systems for collections.
- **CANCELLATIONS-** If the need to cancel a scheduled appointment arises, we respectfully request 24 hour notification. There will be a cancellation fee charged to your account for repeated disregard of this policy.
- We do pride ourselves with our punctuality so please try to arrive to your scheduled appointment on time. This allows us to stay on time with the rest of our patients.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

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