

Office Financial Policy

Thank you for choosing Kent Station 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 Options:

Cash/Visa/MasterCard/Discover – Financing available through Care Credit (apply online at Carecredit.com)

We will provide a treatment *estimate* and your co-pay (estimate of what your insurance won't cover if applicable) is due in full on the day of your treatment. As a courtesy to our patients we gladly bill your insurance company directly. Please note that ultimately you are responsible for any unpaid balance your insurance company does not pay. _____ (initial)

However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier. Any balances over 90 days will be forwarded to our collection company; Olympic Collections. _____ (initial)

Kent Station Family Dentistry does not accept checks as a form of payment unless payment arrangements have been approved by the Office Manager prior to your appointment. Kent Station Family Dentistry charges \$30 for returned checks. _____ (initial)

Appointment Change Policy

Ultimately it is your responsibility to keep your reserved time. We require a 48-hour notice to change or cancel your appointment. A fee of \$75 per hour scheduled is charged for patients who miss or change/cancel an appointment without giving us a 48 hour notice. This time is reserved especially for you. This fee is not covered by your insurance and is yours to take care of and will not be reschedule until it is paid. If you have broken this agreement 3 times or more, we have the right to dismiss you from our practice with given written notice. We make every effort to remind you or your scheduled time through email/text or a phone call. Please make sure your contact information is updated with us so we may do our best to contact you. ***You must call the office and directly speak to our scheduling coordinator if needing to change your appointment. Our voice mail/email/text will not accept changes to our schedule.*** _____ (initial)

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want and need.

Patient, Parent or Guardian Signature: _____ Date _____

Patient Name (Please Print): _____

Welcome to Kent Station Family Dentistry