

## Financial Policy

So that we may better serve our patients, we offer the following financial arrangements for the services that we provide.

### Payment by Appointment:

Full payment is due as services are rendered. For your convenience, we accept Cash, Check, Visa, MasterCard, Discover, American Express, and financing through CareCredit®.

### Insurance payments:

As a **courtesy**, we will file your insurance claim for you. We provide this service as a courtesy only and it is not meant to be a substitute for payment. Many insurance companies pay fixed allowances for certain procedures while many others pay a certain percentage of the charge. Many insurance companies have a list of "Reasonable and Customary Fees". These fees can vary greatly between insurance carriers.

As a courtesy, we will attempt to contact your insurance company for benefit verification. Verbal confirmation is **NOT** a guarantee of benefits or payment, as exclusions and limitations may apply. Our office recommends and provides dental care to help you achieve optimal dental health and not whether or not your insurance company covers it. **It is your responsibility to know your policy. It is your responsibility to pay any deductible amount, co-insurance or any other balance not covered by your insurance plan.**

1. **All co-pays and deductibles must be paid at the time of your appointment.** We will **estimate** as close as possible what your co-pay will be. If there is any difference after we receive final payment from your insurance company, you will receive a statement for the balance or a refund if there is a credit. .
2. All charges are your responsibility whether your insurance pays or not. Not all services are a covered benefit in all contracts.
3. We will make every attempt to get payment from your insurance company, however; any balance unpaid by insurance after 60 days will become your responsibility. You will be expected to pay the balance and then you will be reimbursed when your insurance company pays.

### Interest Charges:

Patient balances 60 days and older will be assessed an interest charge of 1.5% per month, or 18% APR, with a minimum of \$1.00.

### Collection Charge and Returned Check Charge:

Any account sent to an outside collection agency will assess a 15% collection fee according to [Kan.Stat. Ann § 16a-2-507]. I further agree, in order for you to service my account or to collect any amounts I may owe, your office staff and/or the representatives of your debt collection agency, may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me. Your office staff and/or representatives of your debt collection agency may also contact me by sending text messages or emails, using any e-mail address I provide to you. Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable. My signature below indicates I have read this disclosure and agree that the office staff and/or its debt collection agents may contact me as described above.

Any check returned unpaid by your financial institution will assess a \$30 returned check charge.

### Missed/Cancelled Appointment Charge:

Any appointment not kept or cancelled with 24-hour notice, **may be** subject to a charge of \$10 per 10 minutes of scheduled time with a minimum charge of \$25. No further appointments will be made until the fee is paid.

**I have read and understand the financial policy and agree to its terms. If I have insurance, I also direct my insurance carrier to issue payment directly to Lenz Family Dental.**

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Patient and/or Responsible Party

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Date