

OFFICE & FINANCIAL POLICIES

Our policy **REQUIRES** payment in full at the time of service.

As a condition of treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from patients for the costs incurred in their care. Financial responsibility on the part of each patient must be determined before treatment.

All emergency dental services, or any dental services performed without previous financial arrangements, must be paid for in full by cash or credit card at the time services are performed unless other arrangements are made.

If you have dental insurance coverage, we will file your claim electronically as a courtesy. There are thousands of insurance companies and it is impossible for us to be familiar with all of the individual plans and how they reimburse. We will do our best to estimate your portion. **IT IS YOUR RESPONSIBILITY TO INFORM US OF YOUR CURRENT DENTAL POLICY AND ANY CHANGES IN COVERAGE.** Your policy is a contract between you and your insurance company. We here at Kristoff Dental, are not a party to this contract!

If you have dental insurance, please understand that all dental services are charged directly to you and therefore you are personally responsible for payment of all dental services. This dental office can not render services on the assumption that our charges will be paid by your dental insurance company. If you cannot provide proof of insurance, you will be expected to pay in full at the time services are rendered unless other financial arrangements are made prior to treatment.

Payment is due at the time of treatment for any services rendered. To assist you with your payment, our office accepts cash, check, Cherry, Mastercard, Visa, and Discover.

- If you need to make payments, please let us know prior to scheduling your appointment so we can make acceptable arrangements.
- Financing may also be arranged through Cherry
- Personal checks are accepted

You will be responsible for all costs of the collection process, as well as your portion of the dental services. Any fee estimate for dental treatment can only be extended for a period of 90 days from the date of the proposed treatment plan.

The responsible party for children is the parent or guardian who brings the child to our office. In cases of separation, divorce, and single parents, we will be happy to provide a

receipt for you to give to the other parent, but we cannot be in the middle of these situations.

Appointment Policies

Each appointment time is specifically reserved for you!! Of course flat tires, sick children, and family emergencies do happen and ... we understand. But the cost of needlessly missed appointments is borne by all of us - in overhead, in time and energy, and eventually, in patient fees. We will not be able to treat patients who have a history of missed/canceled appointments or are consistently late without valid reasons.

If you arrive at our office more than 15 minutes after your scheduled appointment time, you may be asked to reschedule that appointment.

We have reserved a specific time to spend with you. It is important to be on time for your visit so we can provide the best dental care possible to you during your appointment.

Our office requires a minimum of 24-hours cancellation notice for any scheduled appointment. Advance notice of cancellation allows us to provide other patients with their dental care needs in an efficient and timely manner.

Definition of a Missed Appointment: Any appointment that is not rescheduled 24 hours prior to the scheduled appointment time is considered a missed appointment.

Failure to Show for Appointment

If any patient fails to show for one scheduled appointment, the patient will be given a second attempt to reschedule an appointment. If the second scheduled appointment is not kept, there will be a \$25 fee. If the patient fails a third appointment patient will be dismissed from the practice.

Consent for Services

We are committed to providing you and your family with the best possible dental care. A clear understanding of our office policies is important to a professional relationship. Please ask if you have any questions regarding these policies, our fees or your responsibilities.

I grant my permission to you or your assignee, to telephone me or my insurance company (if applicable) to discuss my statement or my treatment.

I acknowledge that I have read the above policies, have had any questions fully answered, and agree to policy content. I give consent for routine dental procedures and diagnostic tests, including x-rays that are deemed necessary in the dentist's professional judgment.

***I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL COSTS REGARDLESS OF WHAT MY
INSURANCE CARRIER MAY OR MAY NOT PAY.***

X

Date: