

KRAUSE DENTAL CENTER, P.A.
9401 Nall Ave., Suite 201
Prairie Village, KS 66207

ABOUT FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE

We are committed to providing you with the best possible care. If you have dental insurance benefits, we are anxious to help you receive your maximum allowable benefits. However, all treatment recommendations are based on a thorough and completed oral evaluation, record evaluation (including current radiographs and tests,) and diagnosis. We are unable to make any treatment recommendations based solely on insurance benefit coverage. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

INVESTMENTS

The investment needed to complete your necessary dental treatment is based on an estimate derived from a thorough and completed oral evaluation and diagnosis. Should additional unforeseen problems arise as your treatment progresses, this estimate may have to be revised. You will be consulted before additional treatment is undertaken.

SERVICE CHARGES

Accounts, regardless of insurance benefit coverage, may be subject to service charges of 1.5% interest per month after 60 days and/or rebilling charge of \$5.00 per billing cycle after 90 days.

No charges will be made for rescheduling an appointment given a 48 hour notice. Otherwise, a minimum charge of \$25.00 per half-hour missed may be incurred.

There will be a \$25.00 handling fee for any returned checks.

There will be a copy and mailing fee for the reproduction of dental records.

In the event it is necessary to employ the services of an attorney for the collection of the amount owed for professional services, the patient will be responsible for the payment of reasonable attorney fees.

FINANCIAL OPTIONS

How will you be paying for your dental treatment? (This includes co-payments if insurance is utilized)
Please read carefully and select the payment option most suitable for your situation.

- _____ 1. Payment in advance – (treatment plans over \$1500.00 receive a 5% discount)
- _____ 2. Payment at time services are rendered – Check / Cash / Credit Card (We accept Visa, Mastercard, Discover, American Express)
- _____ 3. Out-of-Office financing (payments plans greater than three months) – “Care Credit Patient Payment Plans”. Applications available from the Financial Coordinator, online at www.carecredit.com, or call (800) 365-8295.

FINANCIAL CONSENT

I (patient/guardian) agree to be fully responsible for total payment of procedures performed in this office, including any treatment not a benefit of any dental insurance benefit plan. I certify I have read, understood, and agree to the financial arrangements. A copy of this policy will be furnished upon request.

Signature (Patient/Guardian)

Date

Witness (Office Staff)