

FINANCIAL POLICY FOR THE OFFICE OF DR. KAZANIS

To our Valued Patients:

Today in our world of rising prices and financial difficulty, we are trying to keep our fee increase to a minimum by implementing clear and exact payment policies. This will help reduce our overhead, thus passing the savings along to our patients.

As in the past, and as a favor to you, we will continue to submit your Insurance Claims. Our office will be offering the following payment policies:

1. Payment in full is due at the time of service. As a courtesy to you, a treatment plan is provided to you with our fees and your estimated portion due at each visit.
2. Patients having dental insurance will be required to pay the DEDUCTIBLE and ESTIMATED PORTION of the fees at the time the services are rendered. You will also be responsible for any balance remaining after your insurance company has paid the claim. In the case that we do not have your fee schedule, your benefits will be set up as 50/50 split (50%). For this reason, it is very important that we have your up to dated insurance information PRIOR to the appointment.
3. While the filing of Insurance claims is a courtesy that we extend to our patients, WE MUST EMPHASIZE that as dental care providers, our relationship is with our patients, not the insurance company. If we do not receive payment from your insurance company within 30 days, payment becomes your responsibility.
4. We accept cash, checks, MasterCard, Visa, Discover, and American Express. If your check is returned due to insufficient funds, there is a \$50 charge that will be added to your account.
5. With approved credit, you may be eligible to participate in Care Credit or Citi Bank finance programs.
6. Balances not paid in full within 60 days will be charged 1 ½% interest per month or statement fees.
7. If your account becomes delinquent, we reserve the right to send it to collections/small claims court.

We are making every effort to stay on schedule so please be prompt for your reserved appointment. We do give courtesy calls and texts a day or two before the appointment if we are able to help remind you of your appointment. **It is ultimately your responsibility to keep track of your reserved time.** We reserve the right to reschedule late patients or dismiss habitually late patients from the practice. We value your time so we must ask that you please value ours.

***YOUR APPOINTMENT TIME IS RESERVED JUST FOR YOU. WE RESERVE THE RIGHT TO CHARGE A FEE OF \$50 PER HALF HOUR OF SCHEDULED TIME FOR ANY APPOINTMENT CANCELED OR RESCHEDULED WITHOUT 24 HOURS NOTICE. WE DO NOT WANT TO DO THIS. WE WANT TO BE ABLE TREAT YOU OR ANOTHER PATIENT.**

I hereby authorize direct payment of dental benefits to the office of Dr. Kazanis for services rendered. If necessary, I give permission for information, including x-rays, to be sent to the insurance company. I understand that I am financially responsible for any balance not covered by my insurance company and that this office is not required to wait for insurance reimbursements where coverage is uncertain or denied.

The undersigned agrees that they have read and understand this entire agreement and have not signed below in reliance upon any verbal or written promise, condition, or representation made by any person.

Patient/Parent/Legal Guardian

Date