

**Financial Policy**

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| Thank you for choosing our practice as your dental care provider. Martin and Kissell Family Dentistry is committed to providing you with the best possible dental care. Please understand that your payment or co-payment is due at the time of treatment. Please read the following which is our Financial Policy.  **Regarding Insurance**  Your insurance policy is a contract between you and your insurance company. Our practice will research your insurance benefits and provide an **estimate** of the amount your plan will cover. Please be aware that some, and perhaps all, of the treatment provided may be non-covered services and not considered reasonable and customary under the terms of your insurance policy. Any portion that is not paid by insurance will be the responsibility of the patient.  We are not a party to your insurance contract. Our practice is committed to providing you with the best treatment for our patients and we charge the usual and customary fees for our area. You are responsible for payment regardless of any insurance company’s arbitrary determination of usual and customary fee rates.  Your complete insurance information **must** be presented at the time your treatment is provided. Insurance claims **cannot** be backdated. Most benefits will be verified prior to your insurance company being billed.  All insurance co-pays and deductibles must be paid at the time of your treatment.  **Regarding Payment**  Our office accepts a variety of payment option: cash, checks, all major credit cards, as well as bank debit cards. In addition, if financing is needed, we offer Care Credit, a third party vendor and an office payment plan as other payment options.  Checks that are returned to our office from your financial institution are subject to a $25.00 returned check fee. This fee covers the processing fees that are charged to our practice from the bank.  Payment is due at the time of your treatment and is to be rendered unless prior arrangements have been made with the dentist and/or our front desk staff.  If dentures, partial dentures, implants and bridge are to be fabricated by a dental laboratory, a 25% deposit will be required at the time of the first impression. Then the balance will be due upon insertion of the prosthesis or the other office payment plan options can be used at this time.  The parent and /or guardian are responsible for any outstanding payments due for their dependent children  We would be happy to discuss our charges and how they relate to your particular situation. We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.  Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. |