

Knoll Family Dentistry
Financial Guidelines

Welcome to our office! We appreciate the opportunity to be of service to you. The purpose of this Dental practice is to provide the highest quality of dental care to our patients. Please take a few moments to review the following information. .

Payment for Services

Payment is due at the time service is provided. Patients may pay by cash, check or credit card (Visa, MasterCard, Discover, American Express). Additional payment arrangements may be made in with the front office team if needed.

Statements

Monthly statements are sent to patients and include any portion due from insurance as well as any portion due from the patient. When we receive payments from the insurance company, a final statement will be generated indicating any remaining portion you owe.

Appointment Changes

Patients who fail to contact the office with a minimum of 24 hour notice will be charged \$50 per hour of scheduled time, and may be asked to take a non refundable reservation fee prior to scheduling subsequent appointments.

Responsible Party:

The adult bringing a minor child will be deemed financially responsible.

Treatment Estimates

It is difficult to give exact dental coverage for treatment. We can only estimate what your insurance may cover and it is not a guarantee of coverage or benefits.

Insurance-Restricted Restorations (fillings)

Our office uses non-metallic (tooth colored) material called composite resin. We do not offer amalgam (silver) fillings. This is considered cosmetic by most insurance companies; therefore you will be responsible for the difference in fees.

Insurance Billing:

In order for the office to accept and bill estimated insurance benefits, patients are responsible to furnish all current insurance information, both primary and secondary coverage at time of appointment. **Keep in mind; we bill your insurance company as a courtesy to you at no additional cost. The amount paid by your insurance company is the amount of insurance coverage which you have purchased. These benefits are specified in your contract and bear no relationship to the value of services received at Knoll Family Dentistry. We are not liable for incorrect, expired, unknown, obsolete, or withheld information that results in non payment for services rendered. Any plan changes or changes in coverage that result in a lower than expected reimbursement are you responsibility.** We do our best to get payment from your insurance company in a timely manner. If we do not hear from your insurance company after 60 days you may be asked to contact them in an effort to receive payment. **Co-payments, which are an estimated percentage of the treatment, are due at each dental visit.**

Patient Name _____ date _____

Signature _____