



Robert M. Kelso, D.D.S.

FINANCIAL POLICY

PAYMENT OPTIONS

Payment is expected at the time service is rendered unless prior arrangements have been made. Payment can be made by cash, check, or credit card. We accept all major credit cards (VISA, Mastercard, Discover, and American Express). Returned checks are subject to a \$35 returned check fee. For any dental procedures requiring a prosthetic to be fabricated by a dental laboratory, a 50% deposit will be required at the time of the first appointment. The remaining balance is due at the time the prosthesis is delivered.

DENTAL INSURANCE

Dental insurance is an agreement between you, your employer, and your insurance company. We are not a party to that contract or a participating provider (with the exception of Delta Dental Premier). Dental insurance will not cover 100% of your treatment costs, and you are responsible for paying the balance in a timely manner. In the event we do accept assignment of benefits and your insurance company has not paid your account in full within 60 days, the balance may be billed to you directly. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and customary under the terms of your insurance policy. Our practice is committed to providing the best treatment for our patients and we charge what is the usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. Your complete insurance information must be presented at the time services are provided. Insurance claims cannot be backdated. Most benefits will be verified before your insurance company can be billed. Because insurance policies vary greatly, we can estimate your coverage in good faith but cannot guarantee it. Any questions regarding benefits should be directed to your insurance company or your human resource manager at your place of employment. We will make every effort to assist you in getting the most out of your dental insurance, and we will file your claims for you at no charge as a courtesy to you. In the end, you the patient are responsible for all charges regardless of insurance coverage.

PAYMENT PLANS

We are able to offer payment plans through CareCredit. This company is very helpful in allowing you to make payments on your treatment, and we are happy to assist you in applying for credit. Often, plans are available at better rates than credit cards, and may even be available at no interest. CareCredit has the final say on your eligibility for these plans. Please ask for further information.

UNPAID BALANCES

In the event payments are not received by the agreed upon dates, a 1-1/2% finance charge (18% APR) may be added to your account. Any unpaid balances over 90 days from the treatment date may be turned over to a collection agency if no effort is made to work out a payment schedule. This may negatively affect your credit rating and may include wage garnishment. 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.

I have read and agree to the above Financial Policy. I understand that all responsibility for payment for dental services provided in this office for myself or my dependants is mine, due and payable at the time services are rendered unless other arrangements have been made. In the event payments are not received by the agreed upon dates, I understand that a 1-1/2% finance charge (18% APR) may be added to my account.

Patient/Guardian Signature

Date