

# **KENNON DENTAL ASSOCIATES, P.A.**

## **OFFICE POLICY**

### **APPOINTMENTS**

*We recognize that your time is as important as ours. We reserve time especially for you and we strive to stay on schedule although emergencies may occasionally interrupt us. We require **24 hours** notice for canceling or changing an appointment. Extenuating circumstances will always be taken into consideration. Broken appointments and last minute cancellations may result in subsequent appointments having to be prepaid before they are scheduled.*

### **INSURANCE**

*We realize that dental insurance is very important for many of our patients and that is the only reason we participate. Please understand that dealing with insurance companies is no more fun for us than it is for you. There are many different plans and their benefits vary widely, even within the same company. We will strive to do our best on your behalf but please try to understand that it is impossible to know all the details of all policies.*

*We will be glad to file or help you file your claim forms and will do everything possible to see that you receive the maximum benefits to which you are entitled. But ultimately **knowledge** of your insurance is **your** responsibility. Also, you'll need to keep our office informed of any changes in your policy.*

### **FINANCIAL POLICY**

*In order to prevent misunderstandings, we have established a financial policy which we require that you read, agree to, and sign prior to treatment. We will strive to answer any and all questions in order to help you.*

*All dental services are payable at the time services are rendered unless prior arrangements have been made. You may pay by Cash, Check, Mastercard, Visa, Discover, or American Express. We also have extended payment plans available through Care Credit. As a courtesy to those patients with insurance, you are required to pay your estimated portion on the day of service and we will bill your insurance for their portion. If for some reason your insurance doesn't pay, you are responsible for the balance.*

**I HAVE READ, UNDERSTAND AND AGREE TO THE PROVISIONS OF THIS OFFICE POLICY.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_