

**Kafko, Kaminsky and Kaufman, DDS, LLP**

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**FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE POLICY**

We are committed to providing you with the best possible care. In order to achieve these goals, we need your assistance and understanding of our payment policy.

Payments for services are due at time services are rendered, unless our staff has approved payment arrangements in advance. We accept cash, check, MasterCard, Visa or American Express. If you are fortunate to have dental insurance, we are eager to help you receive your maximum allowable benefits, and will be happy to process your insurance claim form.

You must realize however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier.
3. Not all services are covered by benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
4. At all times there will be a Deductible and Personal Out of Pocket expenses incurred by you.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. Understand that, *regardless of insurance status*, you are ultimately responsible for the balance of your account.

Returned checks and balances older than 30 days will be subject to additional collection fees, such as repeat billing charges and interest charges of 1.5% per month. Charges will also be made for broken appointments and appointments canceled without 24 hours notice.

We realize that temporary financial problems 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

If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE don't hesitate to ask us. We are here to help you and will gladly discuss your treatment plan and answer any questions related to your insurance and balance.

I have read all the information on this sheet and fully understand the stated policy. I will notify you of any changes in my health status or the above information.

Signature \_\_\_\_\_ Date \_\_\_\_\_