



## WELCOME TO OUR OFFICE

We appreciate your decision in choosing us to provide you with the necessary dentistry that you deserve. Our Practice is proud of the dentistry we provide you and your family. Our goal is to not just correct any dental problems you may have, but also to show you how to prevent dental disease in the future to save you time and unnecessary expenses. We will provide you with quality dental care in a pleasant surrounding and as efficiently as possible.

*Appointment Delays* unfortunately do occur occasionally. We realize that your time is valuable and we always schedule appointments accordingly. Delays happen due to a dental emergency one of our patients is having. We ask for your understanding if this should occur. We always provide this emergency service to all our patients.

*Dental Insurance:* Insurance plans will not cover 100% of all dental expenses. Your portion not covered by insurance is due at the time the treatment is rendered .Dental insurance is a contract between the patient and the insurance carrier, the patient is still the responsible party regarding dental fees. Fees quoted before actual insurance pays are only estimates. We will be glad to file an insurance claim for you.

*Financial Policy:* We have made and continue to make every effort to keep down the cost of your dental care. We try to avoid sending statements, because the cost of paperwork, postage, and manpower affects our fees. We know that our patients appreciate knowing exactly what financial responsibility they will incur. Therefore, we inform our patients about our financial policy before we begin treatment. Our policy is to request payment at the time of your treatment. We accept cash, checks approved by Telecheck , and all major credit cards.

*Returned Checks* are subject to \$50.00 service charge.

*Balance over 60 days old* will accrue an interest charge of 1.5% monthly or 18% annual. Any delinquent accounts referred for outside collection shall pay for all expenses including court costs , and reasonable attorney's fees.

*Broken Appointment* without a twenty-four (24) hour notice or a valid reason will be charged \$75.00 cancellation fee. As long as we receive at least twenty-four hour (24) notice of your need to change an appointment, there will be absolutely no charge. For evening ( after 5 pm and Saturday appointments) we require a forty-eight hour notice.

If you have any questions about the above statement, please do not hesitate to ask us.

I \_\_\_\_\_, have read and understand the above stated financial policy of K Street Dental and Orthodontic Group and agree to the office's terms and options.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date