

FINANCIAL AND APPOINTMENT POLICIES



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Killeen, TX 76543
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Thank you for choosing us as your dental care provider. We are committed to providing compassionate, quality care for every patient. Your signature below indicates that you have read and agree to the following policies, and that you authorize release of information necessary for treatment and processing of claims. Should you have any questions, feel free to ask.



PAYMENTS



For your convenience, we accept the following methods of payment:

- Cash or Check* (5% Cash Courtesy Discount for major treatment, paid in full at time of service or before treatment begins - excludes routine preventive visits and minor procedures)
- Mastercard, Visa, Discover and American Express
- Care Credit Finance: Extended payment plan (requires prior approval)

*Returned Checks: Returned checks will result in a collection fee added to the balance

Payment is expected on the day the service is rendered unless prior arrangements have been made.

Treatment Plan Estimates: You and your dentist will develop a treatment plan and the estimates will be based upon this plan. However, treatment may change based on the dentist's professional opinion. To the best of our ability, we advise you of any changes prior to treatment. If there are changes in the treatment recommended during the procedure, we will advise you and ask for your consent. In this case, the verbal consent will be considered acceptance of treatment, which could change the treatment estimate. You will be responsible for any financial difference created by the change.

Past due balances that are not paid after 90 days may be subject to collection proceedings and additional fees.



INSURANCE



We estimate and file insurance as a courtesy to you. Please be aware that your insurance policy is a contract between you and your insurance carrier. We are not a party to that contract. Some or all of your treatment may be covered due to plan limitations that have not been disclosed to us. If you have any questions about what is covered, it is your responsibility to contact your insurance company.

Our practice is committed to providing the best treatment for you. Treatment plans are estimated based on limited information available from your insurance company. Actual benefits paid may vary from the initial estimate. For example, there may be a claim pending that affects your remaining annual maximum, or a tooth may require more extensive treatment than previously anticipated. Regardless of the outcome of the insurance benefits, the balance is your responsibility.



APPOINTMENTS



We realize the value and importance of your time as a patient. When you schedule an appointment with us, that time reserved especially for you. As a courtesy, we will try to contact you to confirm your upcoming appointment. There may be occasions when you may not receive this courtesy notification. However, the scheduled appointment stands as a reserved time for you, whether or not you receive the confirmation.

We understand that emergencies may arise prohibiting you from keeping your appointment. If you have to reschedule your appointment for any reason, we ask that you give at least 24 hours notice whenever possible, so that we may offer that time to another patient.



MINOR PATIENTS



A parent or guardian (responsible party) must accompany patients under 18 years of age to ALL appointments. A minor patient cannot provide informed consent for treatment or make financial arrangements.

Do you have any questions regarding our office policies or procedures? Please don't hesitate to ask!

I UNDERSTAND AND AGREE TO THE POLICIES PRESENTED ABOVE.

SIGNATURE OF RESPONSIBLE PARTY

DATE