



FINANCIAL POLICY

In order to deliver comprehensive quality dental care for you and your family at reasonable fees, it is important to control costs. It is unfair to pass the additional costs of collecting delinquent accounts of a few to all of our patients in the form of increased fees. Therefore, we expect each patient, parent or legal guardian to accept financial responsibility of the fees involved in the dental treatment of your family. We trust that you understand and appreciate the need for a clear policy regarding your account. Please read the financial information and sign at the end. Please feel free to ask any questions of our staff.

For children of divorced parents, the parent bringing the child for treatment will be held responsible for payment at the time of service unless other arrangements have been made in advance. We will provide you with any information for the other parent when necessary and appropriate.

- We recommend the best dental care for you, regardless of dental insurance limitations.
- Your insurance is a contract between you, your employer and the insurance company
- Co-payments (for those with insurance) or full payment (for those without insurance) is due at time of service unless prior arrangements have been made with the office manager.
- You are responsible for all charges regardless of ESTIMATED insurance coverage. Claims not paid after thirty (30) days will be billed to you for payment.
- A finance charge of 1.5% (18% APR) is added to all balances greater than 90 days. If we must pursue payment through our attorney for collections, you will be responsible for all added fees.
- There is a \$25.00 charge for all returned checks.
- We reserve the right to charge a \$50.00 fee for no show appointments and cancellations less than **48 business hours** prior to an appointment.
- **Saturday and evening appointments are premium appointments. A change in your plans regarding these appointments requires 48 hours notice, and may incur a \$75.00 broken appointment fee. Broken Saturday and evening hours will not be rescheduled in the evening or on Saturday.**
- Dr. Kitzmiller and the staff of Apex Dental Group are very concerned about patient privacy and will not share information about your care or your account with third parties without your express permission.

I have read and agree to comply with the above financial policy.

Signature: _____

