



Christopher Kindem, DDS
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FINANCIAL ARRANGEMENTS

MISSED APPOINTMENTS

There will be a \$45.00 charge per hour scheduled for missed appointments or appointments cancelled without **48-hour** notice.

TREATMENT PHASING

We can limit the frequency of your appointments to accommodate your financial concerns if needed. Please let us know your needs so that we can review your treatment and arrive at a balance between completing your case and handling the fees comfortably.

LABORATORY COSTS

To cover the laboratory fees, which are billed to the doctor when the case is completed, we ask that you pay half of your financial responsibility at the initial appointment. The remaining half of the fee is due on the seat date. We are happy to accept your payments by cash, check, MasterCard or VISA.

EMERGENCY PATIENTS

First time emergency patients are required to pay in full on the same day the treatment is rendered. If you have insurance, we are happy to file the necessary claims and reimburse you with any insurance payments.

INSURANCE

If you have insurance we ask that you pay the portion of your treatment not covered by insurance, along with any deductible still not satisfied, at each appointment. We will ESTIMATE the co-payment for you; however, we make no guarantee of any estimated coverage. We are happy to submit your insurance as a service to you, but it is your responsibility to keep us updated on any changes of insurance or benefits and to make sure the charges we submit do not exceed your maximum benefit. If you fail to do so, it will be your responsibility to clear the outstanding balance within **60 days**.

IF YOU DO NOT HAVE INSURANCE, please be prepared to fully cover the fees at the time you receive treatment. You may pay with cash, check, MasterCard or VISA. (There will be a \$20.00 charge for a returned check.)

Please note: Any balance carried longer than 30 days will be subject to a finance charge of 1% per month (12%APR).

Signature _____ Date _____