

KIRKWOOD DENTISTRY

101 N. State Street, Greenfield, IN, 46140-0000

FINANCIAL POLICY AND RELEASE BENEFITS

We are committed to providing you with the best possible care, and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Feel free to ask about our fees, Financial Policy, or your responsibility.

IF YOU HAVE INSURANCE

Dental insurance is a contract between you and your insurance company. It is your responsibility to understand the extent and limits of your coverage, and to provide our staff with accurate information to process your claim efficiently (i.e. insurance company address, phone number, etc.). It is not our place to enter into disputes between you and your insurance company regarding deductibles, copayments, etc. other than to provide factual information. As a courtesy, we are happy to process your dental claim. However, after a 60 day period non-payment that portion becomes your responsibility. Certain conditions may apply to your financial arrangements that may require your authorization for release and assignment of benefits. Your signature below authorizes us to offer this when it applies to your situation. If we do not participate with your insurance, 100% of the total cost is requested at the time of treatment. Our staff will help you process whatever paperwork is required. However, the ultimate responsibility lies with you for payment of any and all monies due.

RELEASE AND ASSIGNMENT OF BENEFITS

I hereby authorize this office to release to your benefit program or its representative any information including the diagnosis and the records of any treatment or examination rendered to me. I authorize, if applicable, payment to be sent to this office.

Effective April 20, 2015, our interest rate is 8.00% APR. **YOU ARE RESPONSIBLE FOR THE TIMELY PAYMENT OF YOUR ACCOUNT**

A fee of \$40 is charged for patients who miss or cancel more than one time in a calendar year without 24-hour notice.

Brandywine Dental Group, PC charges \$35 for returned checks.

Failure of payment will result in the account being turned over to a collection agency.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

By signing below, I agree to accept full responsibility for the payment of all fees associated with those costs incurred in the collection of those fees, including attorney fees, collection agency fees, and 8.00% APR interest on overdue accounts.