

*Key Family*  
*Dental Center PLLC*

## **FINANCIAL POLICY**

Thank you for choosing Key Family Dental Center, PLLC as your dental care provider. We are committed to providing you with the best care possible. Please understand that payment of your bill is considered as part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

### **PAYMENTS**

Co-payment's are due at the time of service. We accept the following forms of payment: Cash, Check, Visa, MasterCard and American Express. Payment for services is due at the time services are rendered. Checks that are returned to our office from your financial institution are subject to a \$35.00 returned check fee. This fee covers the processing fees that are charged to our office.

**ANY ACCOUNT BALANCES OVER 30 DAYS WILL BE ASSESSED A FEE OF 1.5% (18% ANNUALLY) OF THE BALANCE DUE. ALL ACCOUNTS OVER 90 DAYS WILL BE NOTIFIED IN WRITING OF THE ACCOUNT BEING TRANSFERRED TO A COLLECTION AGENCY.**

A finance charge is added to a patient's account each month that the bill is not paid.

In the event of any costs incurred in the collection of fees (such as agency fees) due under this agreement, the additional cost will be added to the account.

### **PAYMENT PLAN**

We are aware that unexpected dental care costs can significantly impact your budget and we want to make our services as affordable as possible. For this reason we have adopted CareCredit as our office monthly payment plan. Our staff will assist you in applying for CareCredit (Requires credit approval). A credit line can be established and approval usually takes less than 10 minutes. You will receive a CareCredit Card that can be used to finance past balances.

### **INSURANCE**

**Your insurance policy is a contract between you and your insurance company.** We are **NOT** a party to that contract. In the event we do accept assignment of benefits and your insurance company has not paid your account in full within 60 days, you are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. Your complete insurance information must be presented at the time services are provided. Insurance claims cannot be backdated.

**We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.**

### **DELINQUENCY**

In the event your account becomes past due and is referred to an outside collection agency or attorney, you will be responsible for the collection costs (up to 33% of the balance due), along with reasonable attorney fees and court costs incurred.

**I have read the Financial Policy. I understand and agree to this policy. I agree to sign the acknowledgement form.**