General Office and Financial Policy

General Policy Provision

We are committed to providing our patients with the best possible care. In order to achieve these goals, we need your assistance and your understanding of our policy regarding payment for services and dental insurance. Please review the following guidelines and initial accordingly that you acknowledge and understand the statement.

_____Payment in full is due at the time services are rendered unless prior arrangements are made. We gladly accept cash, checks, debit cards and the following credit cards: Visa, MasterCard, Discover, and Care Credit. If there is insurance on file we will collect your ESTIMATED portion only at the time of service. If you do not have your co-pay you will be asked to reschedule your appointment or set up a payment plan.

_____The parent or guardian who brings a child for his/her visit is responsible for payment regardless of what individual circumstances may be or what a divorce decree may state. Reimbursement must be made between the divorced parents. We will not intervene.

_____Fees for treatment are guaranteed for six months from the date of the check up when the treatment plan is presented (not the date when the treatment plan is signed). After such 6 month period, fees may be subject to change.

_____Patients are responsible for keeping their scheduled appointments. We require at least 48 hours prior notice if an appointment cannot be kept, since the time has been reserved for you. Please help us serve you better by keeping scheduled appointments. This policy is set in place so that we, at Jill Kinsella, DMD, may provide all our patients with appointments as needed. A broken appointment fee will be incurred if less than 48 hour notice is given. Multiple broken appointments will result in dismissal as a patient from Jill Kinsella, DMD.

_____There will be a $30.00 service charge on all returned checks and I will be required to pay cash or use a credit card for any future payments for a period of one year. Failure to repay the returned check and the returned check fee will result in collection proceedings and dismissal as a patient from Jill Kinsella, DMD.

_____You will be responsible for payment of all costs and fees incurred, including attorneys' fees, should collection efforts be made in order to fulfill a debt.

_____Parents and/or guardians are required to accompany and remain in the office with their child/children during all visits to our office. If someone other than the parent or guardian will accompany the child/patient on a visit, written authorization from the parent or guardian must be provided to us prior to any treatment being performed on the child/patient.

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_____I understand the Jill Kinsella, DMD has the right to discharge any patient from this practice at any time for various reasons, including, but not limited to failure to abide by Jill Kinsella, DMD financial policies, noncompliance of recommended treatment, drug-seeking activity, and any abuse of Jill Kinsella, DMD providers and staff.

_____If this occurs, I understand that my dental records will be released to a dentist of my choice only after appropriately signed documentation is received by Jill Kinsella, DMD. If further understand that once discharged from Jill Kinsella, DMD, I will not be allowed to return as a patient in the future.

INSURANCE POLICY PROVISION

_____Your insurance policy is a contract between you, your employer and the insurance company. The amount of coverage you will receive will depend on the quality of the plan purchased by yourself or your employer. All charges you incur are your responsibility regardless of your insurance coverage.

_____Please be aware that some, or perhaps, all of the services provided may be non-covered services and not considered reasonable and necessary by your insurance company. We are not responsible for any limitations in coverage that may be included in your plan. You are responsible for knowing the details of your specific dental plan.

_____ _____

Individual/Parent/Guardian/Responsible Party Signature Date