kneeland dental care

Office Financial Policy

Thank you for choosing our office as your dental provider. Please take a few moments to familiarize yourself with our financial policy, which we require you to read and sign prior to treatment.

We accept payment at the time of service. As a courtesy we will submit a claim for your services to your insurance company. We accept Visa, MasterCard, and personal checks.

For patients with dental insurance we will complete claim forms and assist you in attaining benefits from your insurance carrier. Services cannot be rendered on the assumption that the charges will be paid in full by the insurance company. When the insurance coverage does not pay 100 % of the submitted charges, the patient or their representative is responsible for the balance. If no insurance payment has been received 60 days after treatment, the full account balance will be billed to you.

We request that you provide 48 hours (2 business days) notice when you are unable to keep a scheduled appointment. The fee is $50.00 for an appointment missed or cancelled without 48 hours prior notice.

Please let us know if you have any questions or concerns.

I have read the financial policy. I understand and agree to this policy.

_____ _____ _____

Signature of responsible party | Print Name | Date