

# KENNEDY DENTAL GROUP

## **Cancellation Policy:**

Our practice is dedicated to quality care and exceptional service. We respect the importance of your time and hard work to schedule appointments that accommodate the scheduling needs of all of our patients. Broken and missed appointments create scheduling problems for other patients as well as the practice. If you find that you must change your appointment, we require a minimum of 48 hours notice (2 business days) so that we are able to accommodate another patient. A fee of \$25.00 will be charged for broken or missed hygiene appointments (those broken or missed without the 48-hour advance notification). A fee of between \$25-\$100 will be charged for missed treatment appointments with the dentist (depending on the scheduled treatment and the time reserved for the appointment). When reserving an oral sedation appointment, we require a \$250 deposit. The deposit will be applied toward payment of treatment. If the appointment is cancelled or broken with less than a 48-hour advance notice, the deposit is non-refundable.

## **Financial Obligation/Payment Policy:**

**Patients with Dental Benefits:** As a courtesy to our patients who have dental benefits, we are happy to file your claims electronically from our office. Under most circumstances, we do require at least a partial payment towards services at the time the services are rendered. For “restorative” treatments (Ex: fillings), we require at least 30% of the treatment total. For “major” treatments (Ex: crowns, bridges, extractions, root canal treatment), we require at least 50% of the treatment total. For any preventative and/or diagnostic services (Ex: prophylaxis, diagnostic films, exams), we do not require any payment at the time services are rendered. Please understand that it is your responsibility to know your specific plan/policy’s coverage. Your dental benefits may cover less or more than what we estimate or collect from you initially. Therefore, after we receive payment from your dental benefits provider, there may be a balance leftover which we will send you a statement for requiring you to pay within 30 days; or, there may be a credit leftover. If the credit is \$10 or more, you should receive a reimbursement from us within 10 business days. If the credit is less than \$10, we will apply it to your next visit unless you contact us requesting a reimbursement check.

**Patients without Dental Benefits:** Patients without dental benefits are required to pay in full at the time services are rendered.

## **Care Credit Payment Plan Options:**

We understand that regardless of whether or not a patient has any dental benefits, care, maintenance and treatment are necessary to maintaining good overall health; but medical expenses can be unexpected and costly. That is why we are happy to be able to offer all of our patients the advantage of the Care Credit patient payment plans. With their high acceptance rate, these plans offer no interest (up to 12 months) and low interest (up to 60 months) payment plan options to almost everyone. (Please see the enclosed brochure for details.)

## **Returned Checks:**

A fee of \$25.00 will be charged on all returned checks.

## **Treatment Plans:**

If you do not receive a Treatment Plan Report at the end of your appointment, please ask us to print one out for you. The report includes all of the correct ADA codes and fees so that you can plan ahead, schedule your treatments in phases and even contact your dental benefits provider to learn about their estimated coverage amount. (Please remember that treatment plan estimates are subject to change after 90 days.)

I have reviewed and understand the above information.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date