



Insurance & Financial Policy Agreement

At Kennon Dental Associates, we are committed to providing you with the best possible dental care. The following is a statement of our Insurance & Financial Policy which we require you to read and sign. We will be happy to answer any questions you may have regarding this policy.

Insurance

- We file most dental insurance plans with some exceptions.
- Knowledge of your insurance benefits is your responsibility. If you have changes to your insurance, please inform the front desk staff prior to or upon arrival to your appointment.
- While we always try to work with your insurance plan to maximize your benefits, recommended treatment is based on what is best for you, not your dental insurance plan.
- We will do our best to provide you with an accurate estimate of your portion for any recommended treatment, but just as your insurance disclaimer states, it is not a guarantee of payment, and you are responsible for any remaining balance.
- A pre-authorization from your insurance is a good idea for any treatment \$300 or more and we will be happy to file the pre-authorization on your behalf.

Financial

- All dental services are payable at the time services are rendered. We accept cash, check, Mastercard, Visa, Discover & American Express.
- We are a participating **Care Credit** provider for patients interested in extended payment options.
- Balances over 90 days may be sent to collections.
- There is a \$25 fee for all returned checks.

**By signing below, you agree that you have read and understand our
Insurance & Financial Policy Agreement.**

Print Patient Name: _____

Patient Signature: _____

Date: _____