

Kansas City Kansas Dental Professionals, P.A. Office Policy

Effective January 1, 2018

Revised August 15, 2018

Our mission is to provide optimal dental health at an affordable price to patients representing all segments of our community, regardless of age, race, religion, or socio-economic status.

We greatly value our scheduled patients as they allow us to provide quality care in a timely manner. When you schedule an appointment, we reserve that time just for you with our dental staff and doctors.

Our Responsibility to You

We promise to work with you to find the time that works best for you.

We will call, email and/or text you in advance to remind you of your appointment to ensure we are prepared to make your experience as pleasant as possible.

We are committed to honoring the appointment time of all of our scheduled patients and request that you arrive no later than 10 minutes so that we do not run behind.

Your Responsibility to Us

Appointments must be confirmed within 24 hours of the appointment time by responding to our text, email or confirmation call. **Failure to confirm your appointment within 24 hours will result in the assumption that you will not be attending your appointment and your appointment will be cancelled.** If you miss our confirmation call or need a different appointment time, please contact us as soon as possible either by phone or email.

Failure to Confirm Your Appointment or Arrive Late

If you arrive for your appointment that has not been confirmed or you are more than 10 minutes late for your appointment, we will try our best to see you as a walk-in patient with priority over other walk-in patients who do not require urgent care.

Please contact us as soon as possible if you are running late.

Failed Appointment Policy (“No-Show”)

A failed appointment, commonly referred to as a “no-show”, is an appointment that was confirmed that you did not attend. **A failed appointment is subject to a \$50 failed appointment fee.** In order to reschedule your appointment, you must pay this

fee over the phone or in person before we schedule your appointment and reserve the time for our staff and doctors. This fee does not go toward your estimated treatment cost; it is a separate fee.

If your failed appointment falls on a Wednesday afternoon or a Saturday, you will not be allowed to schedule during those times for 12 months.

Financial Policy

Unless another financial option is PRE-ARRANGED, payment in full is due the day of treatment.

Should a patient have dental insurance with assignment to Kansas City Kansas Dental Professionals, P.A., the estimated patient portion will be the amount due. Insurance payments without assignment will be sent to the insured with payment due in full.

1. For your convenience we accept Cash, Check, Visa, MasterCard & American Express.
2. We also offer short and long-term financing options (interest-free options may apply); however, financial options do not include payment plans.

For Patients with Dental Insurance

Dental insurance plans often pay less than the actual fee for service; therefore the patient or guarantor is the responsible party for all dental services provided. Dental insurance, in most cases, is a benefit with limitations and should not be expected to take care of all costs. Your dental benefits and how they relate to your specific needs will be explained to you during your visit.

When we provide you with an estimate, it is simply an estimate. The final determination of the amount that is your responsibility is your insurance's decision based upon your benefits. We do our best to give accurate estimates; however, as mentioned above, dental insurance benefits have limitations that we cannot factor in. Our contract with the insurance company is that we charge the fees the insurance plan assigns us; your contract with the insurance company is to pay your dental providers with the amount due.

Finance Charge and Fees

Balances in excess of 60 days are subject to a finance charge of 1.5% per month (18% annual). A \$1.00 statement fee will also be applied to any statement that is mailed

after the initial statement. This is includes any statements that were sent to an old address. To prevent this from occurring, remember that it is your responsibility to update your contact information with our office.

We require proof of I.D. when a check is written and returned checks are subject to a \$30 accounting fee. We will not accept checks from new patients or persons that are not the patient, unless that person is the legal guardian of a minor.

I understand and will comply with office **Appointment Policy**.

I understand and will comply with the office **Financial Policy**.

By providing your signature below, you are agreeing that you understand and agree you to all of the terms and conditions of the above mentioned policies and agreements. If you refuse to sign the Kansas City Kansas Dental Professionals, P.A. office policy, we can refuse to provide you dental treatment.

X_____

Patients Name

Date of Birth

X_____

Date_____

Signature of patient, parent, or guardian