

Financial Policy

Donna L. Kiesel, D.D.S., P.A.

Thank you for choosing our office for your dental care. We are committed to providing excellent dental treatment. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy. Please read and sign this form prior to treatment.

If you have insurance, as a service to you, we will file your insurance claims to your carrier. In the event your insurance company pays more than your remaining balance we will promptly refund your overpayment.

Likewise, if your insurance pays less than the amount due, we will bill you for the balance. Please note we can only give you an **ESTIMATE** of what your insurance will pay, we are unable to give any exact amounts.

If you do not have insurance, the balance of treatment costs will be due at time of treatment, unless financial arrangements have been made ahead of time.

Payment may be made in the form of cash, check, or it may be charged to your CareCredit, Mastercard, Visa, Discover or American Express. If a check is returned, there will be a \$25.00 charge.

Usual and customary rates

The charge for services rendered in this office is within the range of what is usual and customary for dentist in this area. The “usual and customary” rates that insurance companies use to determine their benefits are arbitrarily decided upon by them. You are responsible for payment of the fee charged regardless of any insurance company’s fee schedule. **Insurance companies will not tell us what “their” usual and customary rates are for any area.**

Missed appointments

Unless cancelled at least 24 hours in advance, there will be a charge for missed appointments. Please help us serve you (and all patients) better by keeping your scheduled appointment.

I have read and fully understand this financial policy. I agree to abide by it.

Responsible Party

Date