

David A. Kemler D.D.S.

5954 Brook Road
Richmond, VA. 23227
(804) 266-7976 (Office)

Office Financial Policy

Thank you for choosing us as your Dental Care Provider. We are committed to your treatment being successfully completed. Please understand that payment of your bill is the only way we can continue to provide the best quality of care.

The following is a statement of our Financial Policy, which we would like you to read and sign.

- We require payment at time of service.
- We accept cash, personal check, money orders and credit cards.
- We offer an extended payment plan through Care Credit with prior credit approval.

Regarding Insurance:

We accept assignment of many insurance benefits, if you have your insurance card and/or claim form. However, we do require any deductible and/or co-pay to be paid at time of service. The balance on your account is your responsibility whether your insurance company pays for your treatment or not. Your insurance policy is a contract between you and your insurance company and we are not a party of that contract. As soon as insurance benefits are paid to us, any balance remaining is your responsibility and is payable in full at that time. Please be aware that some, and perhaps all of the services provided may be non-covered services and not considered reasonable and necessary under some plans.

Any balance not paid by your insurance company is the responsibility of the patient. Balances carried over 30 days are subject to a monthly interest rate of 2.5% (30% annually). Patient agrees to pay reasonable attorney's fees if account requires collection and/or legal resolution.

Missed Appointments:

Upon the 2nd cancellation or no show and thereafter of an appointment without one business day notice, your account will be charged a \$55 late cancellation fee. Please help us by keeping your scheduled appointments.

I have read and understand the terms of this financial policy and agree to its conditions.

Signature

Date

Printed Name