



FINANCIAL AGREEMENT

Payment in full for all charges is required at the time of visit, unless prior arrangements have been made.

INSURANCE FILING

You, the patient, are ultimately responsible for payment in full on your account, not the insurance company. We do, however, file dental insurance claims as a courtesy to our patients. *We can only make estimates regarding your insurance benefits based on the information provided by you and the insurance company.* In the event that your insurance company does not pay as much as expected, the remaining balance is due and payable immediately by you, the patient.

**Silver/Mercury fillings are not offered at Kennewick Dental. White fillings are placed on all teeth and may require additional payment as most insurance will only pay silver filling rates on posterior teeth. I agree to pay the difference between the Silver filling rate and the white filling rate. Contract rates will always be in effect.*

ASSIGNMENT OF INSURANCE BENEFITS

I/We hereby assign directly to Kennewick Dental or it's Doctors, insurance benefits otherwise payable to me/us. I/we hereby authorize the release of any information relating to any claims. I/we are financially responsible for charges not paid by this assignment.

DELINQUENT ACCOUNTS

All delinquent accounts (30 days or older) are subject to reasonable service charges and/or legal interest rates.

COLLECTION PROCEEDINGS

In the event your account is turned over to a collection agency for non-payment or other delinquency, you will be responsible for payment of any collections costs (30%) and/or attorney fees, in addition to the balance owed. Any account turned over to a collection agency forfeits any past special fees and/or discounts. Such special fees and/or discounts will be reversed and you will be responsible for payment of regular fee for procedures at the time of service.

RETURNED CHECK POLICY

All checks that are returned due to non-sufficient funds will be charged a \$25.00 returned check fee.

FAILED APPOINTMENTS

Failed appointments (less than 24 hours' notice) are a significant contributor to rising health costs. Individuals who fail to come in for an appointment will be assessed a \$50 failed appointment fee. Multiple failed appointments may result in dismissal from the practice.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of this office's Notice of Privacy Practices. I understand that I have a right to refuse to sign this acknowledgement.

In agreement to the above

Print Name

Responsible Party Signature