

*Kennestone Dental Designs, LLC
709 Canton Road, NE
Suite #210
Marietta, Georgia 30060
www.kennestonedentaldesigns.com
info@kennestonedentaldesigns.com
(770) 426-4188*

Financial Guidelines for Our Patients

First, we hope to make your visits as pleasant as possible! Your review of our financial guidelines at this time will help to avoid future misunderstandings and make your visits as stress free as possible.

*Our relationship and our contract with you is that of Dentist-Patient. We do not provide dental services to insurance companies, and have no responsibility to assure that the insurance company is pleased with your dental care. Every patient requesting that our office accept assignment of benefits from their insurance company is required to leave a valid credit card on file. There are no exceptions to this requirement. If you do not wish to leave a credit card on file, we will gladly file your insurance claims for you, however you will be reimbursed by your insurance company and **FULL** payment would be required on or before your appointment date.*

*Any contract that exists between **YOU** and **YOUR** insurance company for dental care reimbursements does not obligate us to comply with the provisions of your policy. We will file your claims as a courtesy; however the ultimate responsibility for the correct filing and processing of this paperwork, etc. remains with you and your insurance company. If you are unsure of the specific requirements with you and your insurance company, please contact them directly. Do not depend on us to be familiar with all of the different types of insurance plans and their requirements. We do not, under any circumstances, file for medical insurance.*

*Often, insurance companies will use the term "**UCR**" or similar such language when denying or reducing charges for dental care. The implication is that the doctor charges too much for*

a given procedure. Universal "UCR" fee schedules do **NOT** exist. The amount an insurance company reimburses for a procedure will vary with the company, the type and quality of the policy. Our fee schedule is the same for everyone! Every insurance company has different **UCR** tables and most have several different tables. Furthermore, insurance companies are not restricted in any way from changing the **UCR** figures daily or even minute to minute. Dentists are **NOT** allowed to know that **UCR** or maximum allowable fees for any procedures.

Payment is expected at the time of service for all procedures not covered by your insurance, meaning your patient portion. We have done our best to estimate your portion accurately given the information that we have received from your dental insurance company. When payment from the insurance company has not been received within 60 days of treatment, it is the patients' responsibility to reimburse our office-in full for the remaining balance of services rendered. You will receive a statement to that effect.

If we do not receive reimbursement from the insurance company or the patient within 60 days of services we will charge the balance, **IN FULL**, to the credit card on file.

Patient Signature

Date

Credit Card Number
Circle One:

Exp Date CVV

Visa MasterCard American Express Discover