

Kotula Dental, Inc. Office Policies

All payments are due at time of service. This office accepts cash, personal checks, Visa and MasterCard.

This office provides dental services that are in the best interest of our patients. For those patients with dental insurance, please understand that we file claims for you as a courtesy. Insurance benefits are determined by your employer or individual plan; not Kotula Dental, Inc. Your insurance policy is a contract between you and your insurance company. Insurance is NOT a guarantee of payment. Keep in mind all insurance companies include a disclaimer stating verification does not guarantee payment. It is your responsibility as the patient to know the benefits, limitations and exclusions of your dental plan. Any amount not paid by your insurance carrier is your responsibility.

Failure to make payments on time will result in a \$20 statement fee added to each statement mailed and possible legal action to recover the debt. All legal/collection fees will be the responsibility of the patient.

Fees are subject to change at the reasonable discretion of the office. All fees quoted in discussed treatment plans are valid for ninety (90) days.

Any personal check returned by the bank for insufficient funds will be assessed a \$35 fee and will jeopardize the future acceptance of check payments.

Patients who plan to miss their scheduled appointment MUST notify the office at least 24 hours in advance. Failed appointments or unannounced cancellations with less than 24 hours notice will result in a \$40 office fee due prior to the scheduling of any future appointments.

I certify that I have read, understand and take responsibility for all the above information. As the responsible party for this account, I understand that the office will abide by these policies and enforce them at all times.

X _____ Date _____
Signature of Responsible Party