

# K. C. Sykora DDS

## Financial Guidelines and Responsibilities

Thank you for choosing our office for your dental needs. Financial considerations should not be an obstacle to obtaining this important life-enhancing care. We want to assist you in any way we can.

**Payment Options:** In addition to accepting cash, personal checks and credit cards, we also provide the following payment options for your convenience;

1. **Estimated Insurance Co-Payment at time of service**
2. **Monthly Payment Plans**
  - a. Interest-Free Credit Line with monthly payments for a period of up to twelve months, for qualifying individuals- with outside vendors.
  - b. "Lay-Away" Plan: treatment begins after comfortable monthly payments have been made which add up to the total of the estimated fees.
3. **Discount for Payment in Full prior to commencing treatment for patients without insurance.** For all services above \$500, a bookkeeping courtesy discount of 5% will be given for payment in full by cash or check prior to beginning treatment. Alternatively, a 3% discount will be given for credit card payment in full prior to beginning treatment.

### Financial Responsibilities

I understand that responsibility for payment of services provided in this office for myself and my dependent(s) is mine, due and payable at the time services are rendered. I understand that I am responsible for any portion of fees for services rendered that is not covered by my medical or dental insurance.

The practice will provide a best-estimate of coverage and costs, but I understand that this **IS NOT** a guarantee of payment. Until we receive the actual payment from the insurance company, it is just that, an estimate. I understand that I am responsible for any charges that may exceed my maximum yearly benefit. I also understand that if I have seen another dentist who has received dental benefits from my insurance company, it is my obligation to notify this office in order for the remaining benefits to be calculated accurately.

I understand that most policies do not cover 100% of the cost of treatment. Due to the usual extreme delay in claim processing, if after 45 days, the insurance company has not paid the claim, the balance will be due and payable in full by me, and that any future insurance payment will be promptly refunded to me

I authorize K. C. Sykora, DDS and his staff to verify insurance coverage, submit claims and provide my insurance company with information required to submit claims, assign benefits, and to handle any necessary claims appeals.

I \_\_\_\_\_ certify that I have read and understood this document and that I (the patient or responsible party) accept the above financial guidelines and responsibilities. Date: \_\_\_\_\_