

Kennestone Periodontics, P.C. ("K.P.") Statement of Financial Policy for Professional Services

Welcome to our practice. We hope to make your visits as pleasant as possible. Unfortunately, aside from the emotional and physical impact of any treatment, there is all too often a degree of financial impact as well. Your review of our financial policies at this time will greatly help avoid any possible future misunderstanding(s) and thus allow everyone to be more efficient.

1. K.P.'s relationship and our contract is with you. K.P. does not provide dental services to your insurance company and have no responsibility to assure that the insurance company is pleased with your dental care. Insurance companies are happy if you pay your premiums and make limited or no claims for benefits. K.P. will not short-change your dental care to satisfy **ANY** insurance company.
2. Any contract that exists between you and any third party (insurance company, employer, etc.) for dental, medical or surgical care reimbursement does not obligate K.P. to comply with the provisions of your policy. K.P. will assist you in the filing of your claims, completing forms and pre-certification. The **ULTIMATE RESPONSIBILITY** for the correct filing and processing of claims, however, **REMAINS WITH YOU** and your third party. If you are unsure of any specific requirements of your third party, **PLEASE ASK THEM**. Do not depend on K.P. to be familiar with every type of insurance and plan.
3. As a courtesy, K.P. may assist you in the filing of insurance claims for your **PRIMARY INSURANCE** policy only. We **DO NOT** coordinate benefits with, nor file secondary insurance. The complexity of multiple insurance policies and the inherent time to get multiple claims processed and paid for a single dental service is beyond the scope of K.P.
4. In general, K.P. does not have contracts with insurance companies. In those few circumstances where K.P. does have such a contract, certain responsibilities remain with the patient and are well documented in your insurance benefits guide provided by your insurance company.
5. As a recipient of dental care, you are expected to pay for services whether or not they are covered by your insurance. Insurance coverage is determined by your contract with your insurance company. Payment for such care is expected at the time of service. Again, K.P. will assist you in the filing of the insurance claim, however, **THE ULTIMATE FINANCIAL RESPONSIBILITY REMAINS WITH YOU**.
6. For surgical and all types of inpatient (hospital) care, K.P. will assist you by filing charges directly with your insurance company after your **ESTIMATED** deductibles and co-payment(s) have been met. **CHARGES NOT PAID BY THE INSURANCE COMPANY REMAIN THE RESPONSIBILITY OF THE PATIENT.**
7. Often insurance companies will use the term "**USUAL AND CUSTOMARY**", or similar such language when denying charges for dental care. The implication is that the Doctor charges too much for a given procedure. **UNIVERSAL "USUAL AND CUSTOMARY" FEE SCHEDULES DO NOT EXIST**. The amount an insurance company reimburses for a procedure will vary with the **COMPANY**, the **TYPE AND QUALITY** of policy, the **ZIP CODE** where charges were made and sometimes even the **AGE** or **HEALTH** of the patient. K.P.'s fee schedule is the same for everyone! The only time there is a variation in charges is when there exists a contract between the Practice and an insurance company.
8. **CANCELLATION POLICY:** K.P. requires you to inform our office of a cancellation or rescheduling of any appointments at least 1 (one) business day before the appointment (ie - Monday 9am appointment needs to be canceled before 9am the Friday before). Due to the nature of our dental practice, and the advance planning of all major treatment (ie- Surgery), such notice is mandatory. _____ Shorter notices prevent K.P. from efficiently operating our practice and unfairly prevent other patients from receiving needed care. K.P.'s facilities operate on a fixed schedule and limit the total initials time available to treat our patients. K.P.'s phones are answered by a service, providing ample opportunity for you to contact us. Without this 24 hour advanced notice, you will be charged \$100.00 (one hundred dollars), which must be paid in full before another appointment is scheduled. This fee will be enforced and is similar to other industries which charge for space, commodities or time (ie- Hospitals, Attorneys, Accountants, Airlines, Hotels and Car Rental Agencies).

We are all too aware of the current nationwide crisis in healthcare financing. Quality, personalized dental care is sometimes of necessity quite expensive. Despite the pressures to pass along increased costs to the patient, we work hard on your behalf to contain fees and other charges. We are here to serve you for your dental needs. If we have done well, please tell your family, your friends and your referring doctor. If we have not, please tell us!

I have read and understand the above. I understand that I may receive a copy of this form upon request.

Patient Name

Signature of Patient or Other Responsible Party

Witness

_____/_____/_____
Date