

Kempeinen Dentistry
1103 South Cedar Street, Suite 100
Mason, MI 48910

FINANCIAL AGREEMENT

It is our goal for patients to clearly understand their treatment needs as well as their financial responsibility before treatment begins. It is our desire to make dental treatment affordable to all of our patients. We therefore offer the following financial arrangements:

1. **VISA - MasterCard – Discover – American Express – Cash – Check**
2. **Patients with Insurance:** Estimated portion not covered by insurance due at time of treatment.
3. **Patients without Insurance:** Payment for dental services are due at time of treatment.
4. **Care Credit:** Your estimated portion for treatment can be put on a Care Credit Account, our in-office financing partner. Applications for Care Credit are available at our front office or you can request approval online at www.carecredit.com.

For Our Patients with Dental Insurance

We are glad to assist you in obtaining maximum benefits from your dental insurance plan. To help us assist you, **please bring your insurance card to your dental appointment**. Most plans cover only a portion of the dental fee which means you are responsible for what your plan does not cover and any deductible. Many plans have exclusions and limitations which will affect your out-of-pocket expense. Please understand that our responsibility is to provide you with treatment that best meets your needs, not to try to match your care to insurance plan limitations.

Our staff will assist you in obtaining maximum dental insurance benefits, and will verify the coverage that your particular program provides. On the date of your office visit, you are responsible for you deductible and/or the portion we estimate your insurance does not cover. If your dental insurance company payment is not received within 60 days after the date of service, the entire balance is due from you. You can then obtain reimbursement directly from your insurance company.

In spite of what your plan says, we've found that many plans actually pay less than you might expect. The benefits your plan pays are largely determined by how much your employer/union pays in premiums for the plan. The less they pay for the plan, the less you'll receive. We are happy to submit your claims and help you receive the benefits due you, but please understand that we cannot accept responsibility for collecting your insurance claim, or for negotiating disputed claims.

Regardless of insurance coverage, you are responsible for payment of all dental fees for yourself and/or your dependents.

I understand the terms of this agreement and agree in full to it. I understand the consequences if my account is not paid within the specified amount time as described in this agreement.

Patient Signature

Date

INSURANCE PROTOCOL

We want our patients to be fully informed about their dental plans when making decisions for dental treatment. Processing dental insurance has become much more complex in the last few years. To enable us to estimate your benefits, we ask that you provide us with as much information about your insurance plan as possible. Please make yourself aware of you plan's exclusions and limitations, yearly maximum, deductible, and any possible waiting period.

There are often many factors involved in determining benefits for an individual where one insurance company is involved and even more concerns where a coordination of benefits between two insurance companies is involved. In many instances a husband and wife may each have insurance coverage. It is a common fallacy however, that having two insurance guarantees 100% coverage. In actual fact, two dental insurance plans seldom means 100% coverage anymore.

As a courtesy, we are pleased to estimate your benefits and bill your treatment to your insurance company. Our staff will assist you in obtaining maximum dental insurance benefits, but please understand that we deal with literally hundreds of different insurance plans every day. Although we try very hard to be as accurate as possible with our estimates, due to the sheer number of plans and their diverse benefits, we must rely on you, the subscriber, to assist us with information gathering.

Treatment provided in another dental office during your current plan year may alter your co-payment due for services in our office. In such cases we are not able to track whether or not you have reached your yearly maximum benefits. Please call your insurance company if you feel that this applies to you.

It is also important that the office be notified when family circumstances change, especially if children are involved. Insurance companies have specific rules regarding which parent or stepparent is the primary insurance provider for a child.

Our office staff does its best to verify the coverage that your particular program provides. We accept payment from your insurance carrier for the portion covered by your policy. On the date of your office visit, you are responsible for your deductible and the portion we estimate your insurance does not cover. If your insurance company payment is not received within 60 days after the date of service, the entire balance is due from you. You can then obtain reimbursement directly from your insurance company.

If your dental insurance plan changes, or its billing address changes, it is your responsibility to inform us prior to any further claims being sent. We cannot be responsible for tracking changes in your plan. We appreciate your help, and look forward to working with you.

**Very truly yours,
Dr. Dave and Dr. Katie Kempeinen and Staff**