

STEPHEN B. KERN, D.M.D., P.S.
Master, Academy of General Dentistry

Financial Policy

All fees or co-pays will be due and payable at the time of treatment. For our patients with dental insurance: We are happy to assist you in determining the benefits of your coverage; however, we can make no guarantee of any estimated coverage or payment. Your insurance policy is an agreement between you and your insurance company, so we ask that you be ultimately responsible for all charges. Please know that we will do everything to see that you receive the full benefits of your policy.

Important Dental Insurance Information For Our Patients

Understanding your insurance coverage can be quite challenging. Our goal is to assist you in maximizing your benefits. We care for patients with coverage from many different companies. Each company pays an insurance premium for specific coverage which fits the company budget. Each plan is slightly different in its covered services. We encourage you to become familiar with your policy exclusions, deductibles and required co-payments.

Our Courtesy to you includes:

1. Filing your insurance within 24 hours of your visit and requesting payment of your benefit to our office.
2. Estimating your dental benefits based on information you have provided to us.
3. Re-filing your insurance a second time within 60 days.
4. Following the American Dental Association guidelines for coding procedures and filing insurance.

Our expectations of you as the owner of the policy:

1. Payment of fees not covered by your insurance plan at the time the service is rendered.
2. Understanding that the insurance policy belongs to you and we have no leverage to obtain payment from your insurance carrier.
3. Realizing that dental insurance policies restrict payment for some services, use restrictive fee schedules (called Usual and Customary Rates) and exclude some procedures based on prior conditions or length of time on the plan. All restrictions are based on the premium paid for the insurance not our fees or recommended treatment.
4. Taking responsibility for payment if the insurance company does not pay our office within 75 days.
5. Keeping our office informed of any changes in your insurance coverage or employment.

Thank you for your cooperation with your dental insurance coverage. Please bring your insurance booklet and card with you to your visit to our office, to help us maximize your benefits.

Please remember that a minimum of 24 hours notice is needed to change a scheduled appointment. A failed appointment or insufficient notice will result in a minimum charge of \$50 per hour of appointment time. Our office realizes your time is valuable also and will make every effort to seat you for your appointment time promptly.

All professional services rendered are charged to the patient. Necessary forms will be completed to expedite insurance carrier payments. The patient is responsible for all fees, regardless of insurance coverage. It is necessary to pay for services when rendered, unless other payments have been made in advance. I understand that where appropriate, credit bureau reports may be obtained. In the event legal action should become necessary to collecting any unpaid balance due for dental services rendered to me or my family, I/we agree to pay reasonable attorney's fees or other such costs as the Court determines proper. I agree that the venue for any legal action shall be Thurston County.

I hereby authorize payment directly to the below - named dentist of the
Group Insurance Benefits otherwise payable to me.

I hereby authorize payment directly to the below - named dentist of the
Group Insurance Benefits otherwise payable to me.

Signed (Insured Person #1)

Date

Signed (Insured Person #2)

Date