

Robert P. Sherman, D.D.S., F.A.G.D.

Dentistry done differently

Family and Cosmetic Dentistry

4831 W. 136th Street, Suite 200

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913-685-2171

Financial Responsibility

We value your trust and the confidence you have placed in our office. In order that all of our patients become familiar with our financial policy and to avoid any misunderstandings, we are providing you with the following information.

Dr. Sherman does require payment in full for your portion at the time of service. We accept MasterCard, Visa, Discover, cash, and checks (for existing patients with established payment history). If you are in need of an extended finance option, we also work with Care Credit and Chase Health, who offer 12 months “interest free” or longer terms with an interest bearing revolving charge designed to meet your treatment plan needs on approved credit. Just ask our office manager for an application.

Broken Appointments: A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at **least 24 hour** notice to avoid a **\$35/hour cancellation fee** (emergencies are an exception).

After Hours/Weekend Emergencies: In the event of an emergency after regular business hours a **\$155 emergency fee** will be charged for established patients in addition to the necessary treatment fees. Patients who are not established in the practice will be charged **\$500 after hour's emergency fee**.

Insurance:

For your convenience, we will gladly file your dental insurance provided we have the correct information (completed insurance form and/or insurance card). If you cannot provide us with the correct insurance information or benefits cannot be verified, we ask that you pay in full until the information is obtained.

Please note that any benefits that we might estimate prior to your filing your claim is not a guaranteed payment. ***The difference between actual charges and what the insurance carrier pays rests with the patient/parent/guardian.*** You will be expected to pay your estimated portion at the time services are rendered. After 60 days any balance unpaid by your insurance company will be your responsibility.

Dental insurance is designed to help patients pay a portion of their dental care, usually not all of it. Furthermore, your contract is between you and your insurance company. If you have questions regarding your insurance benefits please contact your insurance company.

Statements:

Payments are due within 30 days of the date of the statement. An interest charge of 1.5% per month (18%APR) will be applied to all accounts over 90 days. Accounts with a balance over 90 days and which there has been no or insufficient payment, will be considered delinquent and may be subject to collection by means of a collection agency, civil suit or both. In such cases, the guarantor shall bare all costs with the collection of the account. There will be a \$30 return check charge on all checks returned for any reason.

We welcome you to our family and look forward to helping you get the healthy, beautiful smile you've always wanted. If there is anything we can do to make your visits here more pleasant, please don't hesitate to ask one of our staff members.

Patient Acknowledgement:

I understand that I am ultimately responsible for payment of services provided in this office for myself and my dependents, regardless of insurance benefits, and that payment is due at the time services are rendered. I have read and understand the above Office Financial Responsibility Statement and agree to abide by all terms.

Patient or Parent/Guardian