



Practice Agreement

*"We at **KONDAS Dental Group** are dedicated to providing you a state of the art, highly skilled dental practice that accommodates to the highest levels when it comes to our patient's individual needs and expectations. Your suggestions and recommendations are always welcome and appreciated, so please feel free to share them with us."*

Methods of Payment

Your smile is your best accessory and worth investing in, therefore, we offer several payment options so that you can customize your payments to fit your budget. **Payment Options:** Cash and Personal Checks, Credit Cards, Payment Plans that offer from 3 up to 24 months same as cash and low interest extended payment plans.(see conditions to apply)

Insurance

The original purpose of insurance (Dental Benefits) was to supplement unforeseen expenses, not to dictate treatment. Our practice is committed to providing excellent treatment for our patients and the belief is that our fees are where they should be in order to provide that service. Please understand that it is our job to treat your dental needs without the burden of worrying about whether our treatment will fit into the realm of what your insurance company deems necessary.

- We recommend treatments that we feel are necessary based on your desires, the overall welfare of your mouth and your health, not the insurance company's. Some procedures may be covered, but some may not be covered at all. We do understand that it is your decision to choose dental treatment, but we cannot be held responsible for the fact that your dental benefits may not cover what is best for you.
- We make every attempt to verify your dental benefit coverage prior to starting treatment. However, it is your dental policy and you are ultimately responsible for knowing your benefits and coverage. This is for your benefit so that misunderstandings between you and your insurance company are not an expensive surprise.
- We accept assignment of dental benefits directly, to avoid you from paying the entire expense up front. However, all patient portions and deductibles are due prior to treatment.
- The account balance is your responsibility whether your insurance company pays or not. Your dental benefit policy is a contract between you, your employer and your insurance company. We are not a party to that contract; therefore we have very little leverage in getting them to pay us. You and your employer are their clients and they respond to requests by you much more favorably.
- We are happy to assist you in understanding your coverage to maximize your benefits and minimize your personal expenses as much as possible, but **if your insurance company has not paid on your account within 30 days, the account balance will be automatically be transferred to you.** The insurance commissioner states that 60 days is more than sufficient time for an insurance company to make a payment on dental treatment that is listed as a benefit in their contract with you.
- What does it mean when your insurance company states the dentist's fees "exceed usual, customary and reasonable rates (UCR)?" It usually means that your insurance benefits are too low. If you have a more expensive policy, the insurance company will often pay a higher amount. A lower premium plan such as a PPO or a HMO may severely restrict the level of treatment that your dentist can afford to provide.
- Kondas Dental Group is a preferred provider for some insurance companies **but** once you have used your annual dental benefit maximum, we will no longer make adjustments to these fees. We reserve the right **not** to make any adjustments to fees for some specific dental procedures and/or providers.

Regarding Minor Patients

The person bringing the minor child to the appointment is responsible for paying any patient portion, deductibles, and balances at the time services are rendered, this does include minors of separated or divorced parents. Unaccompanied minors: Pre-arrangements for payment of patient portion, deductibles, and balances must be made in advance. **Full Time Students** must provide a copy of their school schedule for the current quarter. Failure to do so may result in denial of benefits. **Unaccompanied Minors** will be denied treatment unless a current Medical History is on file and signed by the parent or legal guardian.

Broken Appointments

We schedule your appointment so that the time is reserved for you. We do not double book our patients; therefore, we reserve the right to charge **\$25.00 per half hour for cancelled or broken appointments without the required notice of cancellation.**

- **I hereby authorize Kondas Dental Group to send me via e-mail my outstanding statements _____ (patient's Initials)**

"In consideration of services rendered, I understand and agree that regardless of my insurance status, I am responsible for the balance of my account. In the event the account would be sent to a collection agency or small claims court due to non-payment of the account balance, I understand that I am responsible for all billing fees (\$10.00 every 30 days), interest charges (21%) and any fees associated in the collection efforts of the debt (balance), including those incurred from a collection agency or small claims court."

Responsible Party (Print)

Responsible Party Signature

Date

Minor/Other Family Members covered by this agreement

| | |
|----|----|
| 1. | 2. |
| 3. | 4. |