

Susan M. King, D.M.D. and Associates, P.S.C.
555 West Lincoln Trail Blvd., Suite 43
Radcliff, KY 40160
(270) 351-6201

Appointment Cancellation Notice:

Patients who fail to keep an appointment, or provide a minimum of 24 hours notice of their need to reschedule or cancel an appointment, may be assessed a fee of up to \$40.00 per incident. If you wish to reschedule or cancel a Monday appointment notice must be received by NOON the preceding Friday.

Payment:

All fees are due and payable the day of treatment. We accept cash, checks, Visa, MasterCard and Discover Card.

Dental Insurance:

This office is happy to work with patients with dental insurance coverage. We ask that you please read your policy carefully and make yourself aware of any limitations on the benefits provided.

If you have dental insurance, a portion of your charges may be paid by your plan. However, since you are ultimately responsible for payment of all fees incurred, we ask for your cooperation in completing and submitting all necessary information required for an insurance claim. **DENTAL INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE CARRIER, NOT YOUR CARRIER AND THIS OFFICE.** Unless you intend to pay in full for treatment as it is rendered, our office policy requires that insured patients assign payment of applicable insurance benefits to Susan M. King, D.M.D. and Associates, P.S.C., and that any applicable deductible(s), co-payments and/or fees for non-covered services be paid in full the day treatment is rendered.

Kentucky Law requires payment of "clean" insurance claims within 30 days. Should your insurance company delay payment of a claim longer than 30 days, for any reason, the total unpaid balance of your account will become due and payable by you at 45 days from the date of service. **A finance charge of 1.5% per month (18% per annum) will be assessed any account balance that is outstanding 60 days or more.**

We no longer accept assignment of benefits from secondary insurance plans. However, we will be happy to assist you with any forms or information you may need to file a secondary insurance claim.

Returned Checks:

A fee of \$30.00, plus any bank fees assessed our account, will be charged for all returned checks.

Treatment of Minors and Dependents:

For the safety of the patient, parents of minor children and legal guardians of dependent adults must stay on the premises while treatment is being rendered and remain in the reception room.

Treatment Involving Laboratory Services:

All treatment involving laboratory services (crowns, veneers, bridges, partials, dentures and biteguards) requires a down payment by our lab to begin processing your case. Therefore, patients scheduled for these services will be required to make payment as follows:

½ DOWN AT THE START OF TREATMENT
BALANCE OF THE FEE TO BE PAID IN FULL AT THE DELIVERY APPOINTMENT

Diagnostic X-Rays:

Part of a thorough diagnosis includes the evaluation of a Full Mouth Series of X-Rays or a Panoramic X-Ray. If you have had either type of diagnostic x-rays taken in another dental office within the last three years we will be happy to assist you in acquiring those films. However, before any treatment may begin, we must have either received your previous x-rays, or take new x-rays, for which you may incur an out-of-pocket expense.

Treatment Plans and Quoted Fees:

Please be advised that your treatment plan is subject to change and the final cost of treatment may differ from the fee originally quoted due to: 1) unforeseen treatment needs that present themselves as treatment progresses, or 2) patient imposed delays in the completion of treatment. All quoted fees will be honored for 60 days from date of diagnosis.

We would like to take this opportunity to thank you for becoming a valued member of our dental family and assure you of our commitment to excellence in providing your dental care.

Signature of Patient or Legal Guardian

Date