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Financial Policy

Thank you for choosing our office to provide for your dental needs. Please understand that payment for your bill is considered part of your treatment. In our office we want you to feel comfortable with us and this includes feeling comfortable with your financial arrangements. We want you to be able to complete the dental treatment needed in a timely way that is financially comfortable to you. Therefore in an effort to keep dental costs down while maintaining a high level of professional care, we have established the following financial options for your benefit.

- **PAYMENT BY APPOINTMENT** This allows you, the patient, to pay only for the treatment rendered that day. However, no further appointments can be scheduled until previous treatment is paid in full.
- **TWO EQUAL PAYMENTS** For patients of record, we will divide your treatment into two equal payments. The first payment is due at the initial appointment. The second payment is due upon completion of treatment.
- **INTEREST FREE FINANCING** You can finance your dental treatment through a company outside of our office. This will allow you to pay for your treatment over a three to eighteen month period, interest free. We supply the forms necessary to help you secure approval.
- For patients with no insurance, a 10% cash discount will be given when payment is made on or before the date of service.
- There is a 90 day grace period from the due date, during which time no interest will be added. An interest fee of 2% will be added each month to balances over 90 days. Balances not paid after 120 days will be turned over for processing by an independent agency or the courts.

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Not all services are a covered benefit. It is your responsibility to check with your insurance company regarding what services they will or will not cover. Any charges incurred that are not covered by your insurance company are your responsibility, due at the date of service.

Our computer enables us to closely approximate what your insurance company will pay and what your out of pocket expense will be. We will file your insurance as a service to you and we accept assignment of benefits to lower your immediate "out of pocket" expenditures. **We require that you take care of your estimated portion of payment (co-payment) at the time of service.**

As a courtesy to our other patients, please contact our office if you need to cancel an appointment at least 48 hours before your appointment to reschedule. We understand that tardiness is sometimes unavoidable. Therefore, appointments will be considered broken if you are more than 15 minutes late for your scheduled time. When two appointments are broken without adequate notice of two business days, the second broken appointment and those that follow will be billed at \$60.00 per appointment missed, due the date of the missed appointment.

We are committed to providing the best possible dental care to our patients. We understand that temporary financial problems may arise and affect timely payment on your account. Please contact our office promptly for assistance in the management of your account.

Signature _____ Date _____