

**Dr. Kenneth Holzkecht  
Financial Responsibility**

Dental treatment is an excellent investment in an individual's health and well being. Because of this, we believe financial considerations should not be an obstacle to obtaining this investment. **PAYMENT AT TIME OF SERVICE IS EXPECTED.** In situations involving large treatment plans and / or insurance benefits, we provide 2 payment options. We are sensitive to the fact that different patients have different needs so the following are the financial options available to our patients.

**CASH, CHECK OR CREDIT CARDS:** We accept **CASH, PERSONAL CHECKS** as well as **VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS.**

**\*IF PATIENT PREFERS TO HAVE AUTOMATIC DEBITS TO CREDIT OR DEBIT CARDS, AN AUTHORIZATION FORM MUST BE ON FILE IN THE PRACTICE.**

**LOW MONTHLY PAYMENT PLANS** Our office currently uses an outside billing agency. These are specifically designed for dentistry and related specialties- with low monthly payments. (Subject to Approval) **Interest free options available (3,6,12 and 18 months), No initial payments, Low, fixed rates ranging up to 13.95% ARP, Low monthly payments, No prepayment penalty, terms up to 60 months, Quick and easy application process. Same day approval!**

**DENTAL INSURANCE PATIENTS:**

I understand my dental insurance is a contract between the insurance carrier, and myself. Not between Dr. Kenneth Holzkecht and the insurance carrier. As such I understand that I am responsible for the full amount of all dental fees incurred. Any payments received by Dr. Kenneth Holzkecht from my insurance carrier will be credited to my account or refunded to me **IF** I have paid the dental fees incurred.

**INSURANCE COVERAGE**

Our practice will be happy to assist you in determining whether your insurance company will cover dental services. If your company does provide a benefit, our team will be happy to assist in filing your claim. After your initial visit and diagnosis of treatment, our office Financial Coordinator will discuss with you what benefits your insurance company provides. If needed, a pre-treatment estimate will be sent to your insurance company to determine what benefits you will receive. Patients are responsible for any portion not covered by insurance and those amounts are due at time of service.

**BROKEN RESERVATION**

When we schedule appointments you are making a reservation that a chair and clinician will be available for you. When you **DO NOT CALL AND CANCEL** prior to **24 hours** of the reservation a \$75.00 an hour fee will be incurred. (If you have a reservation for 2 hours that would be \$150.00 fee incurred.)

I understand that the payment of my bill is my legal obligation as the patient. I further agree to pay returned check charges of \$40.00 per returned check. **IF** this account is placed in the hands of an outside collection agency, I agree to pay the fees incurred by that agency in regards to the collection process.

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PATIENT SIGNATURE

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DATE

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OFFICE ADMINISTRATOR SIGNATURE

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DATE