



Financial/Insurance Policy

Patient, parent and/or guardian is responsible for the patient portion on the date of service and for any additional fees incurred in collecting a delinquent account.

Dental insurance is a contract between you and your insurance company. Please carefully review your policy and contact your insurance carrier so you are aware of benefits, frequencies, and limitations.

Kennedy Dental Group files insurance claims as a courtesy. Any balance beyond 45 days is your responsibility and interest will be applied to your account up to the maximum allowable per month.

Please provide us with a copy of your insurance card(s).

Please notify us if you have dental services provided with another provider within the existing benefit year.

Most insurance companies have yearly maximum allowances.
Not all secondary policies will cover remaining portions.

You are responsible for reviewing EOB's (Explanation of Benefits) from your insurance companies.

Financing options available to you:

Cash

Check

Major credit card (MasterCard, Visa)

CareCredit

5 % senior courtesy

By signing, I, _____, understand and agree to the aforementioned and commit to pay any/all balances on my account.

Signature: _____ Date: _____