



## OFFICE AND FINANCIAL POLICY

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Proper patient registration is important. In earlier times, these policies were not a necessity. Since the insurance trend has shifted to a managed care environment, these policies have been mandated by the insurance industry.

**PLEASE NOTE: All appointment times are guidelines only. The Doctors will spend as much time as needed to meet each patient's individual needs. This, as well as emergency cases, can result in a delay in the daily schedule. We ask for your patience.**

Required Paperwork: The medical history form needs to be updated every 12 months. We also require that you present your insurance card at check-in to ensure that we have your most current coverage on file. If there is more than one family member in the practice, paperwork must be completed for each individual.

Co-Pays and Referrals: Your insurance policy is a contract between you and your insurance company. We are not a party in that contract. Your insurance company has set the following rules:

- a. If you are an enrollee of a managed care plan (HMO or PPO) that we are contracted with or with a traditional insurance plan, you are required to pay the co-payment each time that you are seen. This must be paid at the time you check-in for your appointment. If you are not prepared to pay the amount you agreed to in your insurance contract, the visit must be rescheduled.
- b. If your insurance plan requires a referral, you must have a completed referral form or number with you at the time of the appointment. If you arrive without your referral, you have two options:
  1. You can reschedule – or –
  2. You can pay for the visit at the time of service.

Release of Medical Records: Requests for copies of medical records require two-week notice. Original records are not allowed to leave our office. A release form must be completed and signed by the patient, or guardian of patient, and accompanied by payment of \$15.00 per family member, prior to records being sent.

Missed Appointments: Any appointment that is not kept or cancelled with 48 hours notice will be considered a "no show." The time that was reserved, for you, prevented another patient from receiving our specialized services. For this reason, "no shows" will be charged a fee of \$53.00 for their unused appointment time. This fee will be billed directly to the person responsible for the account, not to insurance. A third "no show" may be regarded as termination of treatment by the patient and necessitate formal dismissal from the practice.

Past Due Accounts: I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, I will be responsible for all costs of collecting monies owed, including court costs, collection fees and attorney fees. Accounts exceeding 90 days will accrue an interest charge.

Returned Checks: I understand that there is a \$50.00 fee for checks returned by my bank due to insufficient funds and agree to immediately make payment, in cash or money order, upon notification that my check has not cleared my bank. I further understand that Periodontal Specialists, PA does pursue bad checks.

We are happy to offer MasterCard, Visa, Discover and American Express as a payment option.

I hereby acknowledge that I have read, understand and agree to the terms of this document.

**I understand that I am responsible for all costs of dental treatment regardless of what my insurance carrier may or may not pay. This signature will also serve as signature on file for assignment of insurance benefits.**

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_