KEVIN M. CHRIST, D.M.D.

FAMILY, COSMETIC | IMPLANT DENTISTRY

OFFICE AND FINANCIAL SERVICE AGREEMENT

Our goal is to provide you with financial information related to your services today. **Please note: It is your responsibility as the patient to understand your insurance benefits.**

INSURANCE AND BILLING

It is important for you to know that even if you are covered by dental insurance; our professional services are rendered to you, and not your insurance company. We will bill your dental insurance company for services rendered on your behalf as a courtesy. However, insurance coverage is another form of payment but ultimately it is your responsibility to pay for all services rendered. We will collect any known or estimated co-payments, co-insurance or deductibles at the time of service. Additionally, the responsible party will be billed for serviced rendered in full, should the insurance deny coverage due to non-covered benefits, limited coverage, waiting periods, material or alternate benefit downgrade or eligibility. We do our best in gathering this information for you but your insurance determines final benefits and eligibility once a claim for services is received. If payment is not made at time of service, a $25 billing fee will be added to your balance for each monthly statement sent out to you. If you do not have dental insurance, payment is due in full at time of service.

COLLECTION ACTIVITY

Any account balances that are not paid by 90 days from date of service may be forwarded to a collection agency. If deemed necessary, Dr. Kevin Christ, D.M.D., P.C. reserves the right to forward the account balance to a collection agency prior to 90 days from the service date. Any and all phone numbers provided to our office, be it residential, employment or wireless, are authorized methods of communications by our office or by a collection agency in regards to any outstanding collection balances. Should collections be necessary, any payment made to the collection agency via an electronic payment (such as a check over phone or a credit card) will incur a convenience fee. A convenience fee is a fee incidental to your payment obligation. Should litigation be necessary to collect an amount owed, the responsible party agrees to pay all costs of collection including, but not limited to, collection fees, attorney fees, interest at the rate of 18% and any court costs.

APPOINTMENTS

An appointment is confirmed the day you reserve your appointment time. We do our best to provide courtesy reminders with calls or e-mails, but ultimately it is your responsibility to remember your appointment. A $100 charge per hour will be made for failed or canceled appointments without 48 hour prior notification. This fee covers only a portion of overhead which still had to be paid whether you are present or not. Once an appointment is made, please remember this time had been reserved for you.

ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

I hereby assign to Kevin M. Christ, D.M.D., P.C., all benefits for dental/medical expenses. I hereby agree to pay any and all charges that exceed or that are not covered by my dental insurance. I authorize the provider named above to release dental records and all medical information requested by my insurance company.

Patient/Responsible Party: _____ **Date:** _____