

Keith Jones, D.D.S.  
647 Country Club Terr.  
Lawrence, Ks 66049  
785-841-0233

## FINANCIAL POLICY

Patient Name \_\_\_\_\_

CASH\CHECK\CREDIT CARD\CARECREDIT

1. Payment in full is due on day treatment is rendered for all non laboratory services such as cerec crowns, NTI splints and bleach trays.
2. If I make a payment by check and it is returned for any reason I agree to pay a charge of \$30.00 for each returned check, along with all fees associated with collection.
3. We offer CareCredit (health expense credit card) if you would like to make payments. Ask for application if you're interested.

INSURANCE\THIRD PARTY PAYMENTS:

1. We would be glad to file any and all insurance claims. Please understand this is a COURTESY and we are not required by law to do so.
2. All patients with dental insurance must pay their DEDUCTIBLE and or CO-PAYMENT at the time a service is rendered.
3. Cases involving laboratory services (Crowns, Bridges, Partials, Dentures, etc.), ONE-HALF of the co-payment is due the day treatment is started. The balance of co-payment is due the day of completion.
4. Please keep in mind your insurance coverage is a contract between you and your insurance company. The responsibility of payment for services is ultimately yours.

I understand the financial policies of this office and agree to pay for treatment that I receive.

\_\_\_\_\_  
(Signature of Responsible Party)

\_\_\_\_\_  
(date)

VISA, MASTERCARD, DISCOVER AND CARECREDIT ACCEPTED