

Kenneth R. Marsh, D.D.S, PA
1582 Highway 56
Creedmoor, NC 27522

Financial Policy and Agreement

Thank you for selecting our practice to provide your dental care. We are committed to providing our patients with excellent care and convenient financial arrangements. We ask that you review your financial obligations to our office

Payment

Payment is expected in full on the day treatment is performed. This includes any insurance copayments and deductibles.

We do not offer payment plans. We accept Cash, Check, Money Order, Visa, MasterCard, AMEX, Discover, and Care Credit financing.

Insurance

As a service to our patients, our practice will submit your insurance claims for you. Our staff will gladly submit a pre-treatment estimate to your insurance company so that you will know what your benefits will be. However, we remind you that your specific policy is an agreement between you and your insurance company.

Please keep in mind that you are responsible for your total obligation should your insurance benefits result in less coverage than anticipated.

Minors

Please be aware that the parent bringing the child to our office is legally responsible for payment of all charges. We cannot send statements to other persons.

Missed Appointments

If you are unable to keep your appointment, **you must notify the office within 24 hrs.** of your appointment time. Appointments are valuable blocks of time. When an appointment is broken or cancelled on short notice it prevents us for helping someone else.

We will charge a non-refundable \$40.00 Cancellation fee for appointments that are cancelled with less than 24 business-hours notification (Monday-Thursday). As a courtesy to our patients, we make every effort to call 24 hrs. in advance to remind you of your appointment. If you miss multiple appointments you may be dismissed from the practice.

Specialty service deposits

Patients must place a deposit equal to half (1/2) of total fee or patient's copayment for all appointments. Scheduled for major treatment with fees estimated to be \$500 or greater. This may include crowns, bridges, root canals, and partial or full dentures. The remaining balance is due at the cementation or delivery appointment.

Service charges

Past due accounts over 90 days will be sent to a collection agency and will incur a \$15 fee.

There will be a charge of \$35.00 for a returned check and the account must be made current within 10 business days. If you have a returned check in the history of your account, **we will no longer be able to accept personal checks.**

Financial Consent

The patient or account holder agrees to be fully responsible for total payment of treatment performed in this office.

I certify that I have read and acknowledge the above financial policy:

Signature of patient/responsible party