## **Fairview Park Dental Care**

Dr. Kevin J. Kasick DDS 21724 Lorain Rd, #6 Fairview Park, OH 44126

## Office Policies

Welcome to Fairview Park Dental Care! Thank you for choosing us as your dental health care provider. Please review the following pages and bring the filled out and signed forms with you to your appointment. We believe that all patients deserve the very best dental care that we can provide. We also believe that everyone benefits when specific financial arrangements are agreed upon. Please understand that payment of your bill is considered part of your treatment. The following is a statement about our office policies, which we require that you read and sign prior to any treatment. All patients must complete and sign the forms before seeing the doctor.

FULL PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECK, VISA, MASTERCARD, DISCOVER, AND AMERICAN EXPRESS CREDIT CARDS. WE ALSO ACCEPT CARE CREDIT.

**Insurance:** We request that any co-payments, deductibles, and any services not covered by your insurance plan to be paid at the time the service is provided. The balance is your responsibility whether your insurance company pays or not. We cannot bill and submit to your insurance unless you bring in all current insurance information at your visits. **Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.** Please be aware that some and possibly all of the services provided may be non-covered services and not considered reasonable, usual, or customary under the terms of you dental insurance policy. **We do not render our services on the basis that insurance companies pay our fees.** As a courtesy to you, we will do our best to **estimate** insurance coverage and patient portions due. Also, as a courtesy, we will submit claims to your insurance company. If the insurance company does not pay the full amount anticipated, the patient is responsible for the remaining balance.

Payment Options: We offer a variety of payment options to best fit our patient's needs.

- 1. Cash or Check
- 2. Credit Card: Our office accepts Visa, Mastercard, Discover and American Express.
- 3. Care Credit: Like many medical and dental offices, we offer and accept Care Credit, an outside patient financing company.

We are more than happy to discuss our charges and how they relate to your particular treatment and situation. We realize that temporary financial situations occur and may affect timely payment of your account. If problems arise, we ask that you contact us promptly for assistance in the management of your account. Most often, financial questions or misunderstandings can be managed with a phone call. Please feel free to contact our staff at anytime to discuss any concerns you may have.

**Warranty:** There are a multitude of reasons why dental treatment can "fail" or not be successful. A warranty is discussed on a case-by-case basis with the doctor.

**Refunds:** Please understand that if a patient decides to discontinue treatment after it has started, a full refund will not be given.

**Appointment Policy:** Missed appointments waste valuable time and deprive others of treatment.

Missed appointments are those in which the patient fails to show up or if the patient comes in 10 minutes after their scheduled appointment time, unless the office is notified of a late arrival. If you are unable to keep your appointment, we request that you notify the office to reschedule your appointment **24 hours** prior to the appointment time. If you have multiple appointments scheduled the same day (families), we request a **48 hour** notice. Reminder calls/texts/emails are a courtesy service we provide, however it is ultimately the patients responsibility to remember their appointment times. We understand that emergencies or certain situations occur and may be out of your control. Therefore, your situation will be reviewed on a case-by-case basis. However, you are still required to contact the office if you can not keep your appointment.

**Minor Patients:** Minors (age 17 and under) must be accompanied to their appointment by their parent or guardians. The parents or guardians are responsible for full payment at the time of service. Special situations for emergency services will be handled on a case by case basis. Our office is not privy to the details of court orders regarding custody or divorce agreements. In certain situations documents may need to be provided.

Thank you for reviewing our office policies. Please let us know if you have any questions or concerns.

We look forward to providing the highest quality dental care for you and your family in a relaxed and friendly environment. These policies may be periodically reviewed and updated.

Print:	Sign:	Date:
Patient or Responsible Party		

I have read and agree to the office policies