



Office Financial Policies

Welcome to the dental practice of Dr. Wesley P Kandare, DDS. We would like to take a moment to tell you about our office financial and appointment policies, since good relationships start with information and understanding.

When we schedule an appointment for you, we reserve time with the appropriate clinician especially for you. We ask that you respect his/her time and only schedule when you are sure of your schedule. We understand that emergencies sometimes arise so please let us know as soon as possible if you will be unable to come to your appointment. **Appointments that are broken without 48 hours notice may be subject to a broken appointment fee. A broken appointment fee of \$50.00 will be added to your account.**

Payment may be made by cash, check, Master card, Visa, Discover, American Express and debit cards. We have partnered with Care Credit to offer you an exciting same as cash program. Ask about these options.

We file all insurances as a courtesy to you, however, Dr. Kandare **is not** a participating provider with any. We strive to give you accurate insurance estimates; however, it is imperative that you know and understand your plan. **We cannot guarantee benefits or estimates.** We will make every effort to ensure that it is done promptly and properly; however, any insurance balance that is outstanding after 60 days becomes your responsibility. **I understand after 90 days there will be finance fees added to outstanding balances. I understand if my account is sent to collections there will be a 40% legal fee added to the outstanding balance and I will be responsible for paying. Any portion not covered by your insurance company is your responsibility.**

A 1.5% monthly service charge will be added to any account balance that is remaining after 30 days. After 60 days, past due accounts may be turned over to a collection agency. If an account is turned over to a collection agency or judgment is granted for a bad debt, all collection fees and court fees will be added to the total account balance.

Payment in full is expected no later than the time services are rendered. If you have dental insurance, your co-payment and deductible are due at the time of service. All benefits quoted are an estimate; contact your dental carrier to confirm benefits. If your insurance plan reimburses you directly, we ask that the full fee be paid no later than the time of service.

While we accept checks, if the check is returned for insufficient funds there will be a charge of \$35 placed on your account in addition to the check amount.

I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to Wesley P. Kandare, DDS or his designee. **If authorization is not given, the patient is required to pay for treatment prior to the time of service.**

Patient Name: _____

Signature: _____ Date: _____