



DUENSING FAMILY DENTISTRY

101 E. 23rd. Ave, Ste A, NKC, MO 64116

(816)842-3314

Thank you for choosing Duensing Family Dentistry! We go to great lengths to ensure you receive the absolute best when it comes to your oral health care. Our financial arrangements are based upon an open and honest discussion of treatment options and fees. To confirm your understanding we ask that you read and sign the following statement of financial policy.

- Payment is your responsibility. We are able to accept cash, check, debit cards and credit cards.
- Deductibles, as Determined by your insurance company are due at the time of service.
- **Dental benefits provided through your insurance plan are determined by your insurance provider and NOT by our office. Our Office cannot guarantee payment of your claim by the insurance company.**
- **Please understand that your dental insurance plan is a contract between you and your insurance carrier. DFD IS NOT a party to this contract. Your insurance carrier is responsible for determining the benefits available to you. It should be expected that your dental benefits will only cover a portion of the total cost.**
- We are happy to assist in filling insurance claims on your behalf at no charge to you.
- For fees exceeding \$ 300.00 we have several financial arrangement options available.
- We require prior financial arrangements to be made for unaccompanied minors.
- Your scheduled appointment time is very important to us. We understand that life is busy and appointments will need to be changed from time to time. We ask that you call at least 24 hours in advance for all changes or cancellations. DFD reserves the right to apply a **\$ 50.00** fee for a missed appointment.

The undersigned has read and understands our financial policy at DFD.

Patient (or Patient Representative) _____