



**Dr. Kelly McCracken**  
**(913) 788-7600**  
**www.amazingsmileskc.com**

## **FINANCIAL POLICIES**

*So that we may better serve our patients, we offer the following financial arrangements for the services that we provide.*

### **PAYMENT BY APPOINTMENT:**

Full payment is due as services are rendered. For your convenience, we accept cash, check, Visa, MasterCard, Discover, American Express, and Care Credit. Please inquire if you are interested in applying for Care Credit.

### **INSURANCE PAYMENTS:**

**AS A COURTESY, we will file your insurance claim for you. We provide this service as a courtesy only and it is not meant to be a substitute for payment. Many insurance companies pay fixed allowances for certain procedures while many others pay a certain percentage of the charge.**

Many insurance companies have a list of “Reasonable and Customary Fees”. These fees can vary greatly between insurance carriers. We verify through the National Dental Advisory Board that our fees are at the average for our 66112 zip code so we can offer quality dental care at a fair price.

As a courtesy, we will attempt to contact your insurance company for benefit verification. Verbal confirmation is NOT a guarantee of benefits or payment, as exclusions and limitations may apply.

Our office recommends and provides dental care to help you achieve optimal dental health and not whether or not your insurance company covers it. *It is your responsibility to know your policy.* It is your responsibility to pay any deductible amount, co-insurance or any other balance not covered by your insurance plan.

- All co-pays and deductibles must be paid at the time of your appointment. We will estimate as close as possible what your treatment’s “patient portion” or “out-of-pocket” expense will be. If there is any difference after we receive final payment from your insurance company, you will receive a statement for the balance for which you are responsible or a credit to your account unless you request a refund.
- All charges are your responsibility whether your insurance pays or not. Not all services are a covered benefit in all contracts.
- We will make every attempt to get payment from your insurance company, however; any balance unpaid by insurance after 60 days will become your responsibility. You will be expected to pay the balance and then you will be reimbursed when your insurance company pays.



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## **FINANCIAL POLICIES (continued from page 1)**

### **INTEREST CHARGES:**

Patient balances 60 days and older will be assessed an interest charge of 1.5% per month, or 18% APR, with a minimum of \$1.00.

### **COLLECTION CHARGE:**

Any account sent to an outside collection agency will assess a \$25 collection fee.

### **INSUFFICIENT FUNDS CHARGE:**

Presented checks with insufficient funds or a placed "stop payment" on an issued check will be charged at \$25 fee for processing. Insufficient funds checks will not be reprocessed and you will be asked to make a payment immediately in the form of cash or a Cashier's check. No further appointments will be made until the fee is paid.

### **MISSED/CANCELLED APPOINTMENT CHARGE:**

Any appointment not kept or cancelled without 24-hour notice, may be subject to a charge of \$10 per 10 minutes of scheduled time with a minimum charge of \$50. No further appointments will be made until the fee is paid.

**I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY AND AGREE TO ITS TERMS. IF I HAVE INSURANCE, I ALSO DIRECT MY INSURANCE CARRIER TO ISSUE PAYMENT DIRECTLY TO AMAZING SMILES OF KANSAS CITY.**

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**Patient/Responsible Party signature**

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**Date**