



Cocoa Beach Family Dentistry

Patient Financial Policy

Thank you for choosing Cocoa Beach Family Dentistry for your dental care. We are committed to providing quality dental care. In order to strengthen the patient/practice relationship, please read and sign our financial policy.

Patients with Dental Insurance

- As a courtesy to our valued patients, we will bill your dental insurance carrier on your behalf. As a result, it is your responsibility to provide us accurate information regarding your dental insurance policy and any changes to your address, phone number, employment before your appointment. Failure to do so may result in your dental carrier rejecting payment and leaving the responsibility to you.
- Services not covered by your dental carrier, co-pays and deductibles are due at the time services are rendered. They are calculated based on the information provided to us by your dental carrier. *As a result, you may be responsible for additional money after your dental carrier has processed your claim and an EOB (Explanation of Benefits) is received from your dental carrier.* Our office will attempt to collect estimated insurance portions for up to 60 days beyond the date of service, at which time, the patient will be responsible for the charges. A service charge of \$5.00 per month on the unpaid balance will be applied on all accounts with a balance exceeding 90 days.
- You are responsible for knowing/understanding your insurance benefits and coverage limitations.
- A 50% deposit is required for certain procedures requiring extended appointment times. This is to be paid at the time the appointment is scheduled.

Patients without Dental Insurance

- Payment is due at the time service is rendered. Forms of payment accepted include: Visa, Mastercard, Discover, American Express, personal checks, debit or cash. We offer an affordable payment plan option through Care Credit for services over \$300.00 with a 6 month interest free option.

Returned Checks

- All returned checks will incur a \$45.00 return check fee. Repeat check payments will not be accepted.

Missed/Cancellation Appointments

- Our office operates on a schedule. You must contact us 48 hours in advance to cancel or reschedule your appointment. A fee of \$50.00 will be charged to your account for all missed or canceled appointments without proper notice. _____ Initial

I choose to comply with Cocoa Beach Family Dentistry's financial policy:

Signature of Patient/Guardian/Guarantor

Date

Erin Kahlon, DDS

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