

**Kelly Dental Arts, LLC**  
**277 White Horse Pike**  
**Suite 104**  
**Atco, NJ 08004**

## **Office Policy**

### **Fees:**

Payment for services is due at the time of office visit. Payment options include cash, check, MasterCard, Visa, American Express, Discover, and Care Credit.

As a courtesy to our patients, we file all claims to accepted insurance companies. The patient is expected to pay all charges not covered by the insurance at the date of service.

If the insurance does not pay a claim, the patient will be responsible for charges and will be billed. You will have 30 days to take care of the claim or balance or an interest rate of 2%, per billing cycle, will be charged to your account.

Your dental insurance benefits are verified by our office according to information provided by you. The benefits quoted by your insurance company are just an estimate and are **NOT A GUARANTEE OF COVERAGE**. You will be responsible for any amount not covered.

\_\_\_\_\_ Please Initial.

Please be aware that some insurance companies downgrade the price of composite fillings and porcelain crowns to the price of amalgam or metal crowns.

### **Missed Appointment Policy:**

When you are scheduled, we do not "double book" and the appointment time is reserved just for you. If an appointment can not be kept, kindly give 48 business hours notice so that another patient may have your appointment time. There will be a \$25.00 charge for your missed/cancelled appointment. If you are more than 15 min late to an appointment, we consider this a missed appointment and the fee will be charged.

### **Multiple Missed Appointments:**

Dental treatment that may be needed in your mouth will become progressively worse over time if left untreated. Cavities grow larger, infections spread, dentures loosen, and gum disease gets worse; the result could mean serious problems for you including tooth loss. The treatment agreed upon between you and your doctor must be carried out in a timely manner to avoid new problems. We cannot accept responsibility for your health if we are unable to treat you. Patients who have missed/cancelled 3 or more appointments may be subject to dismissal from the practice.

### **Returned Check Policy:**

Our returned check fee is \$30.00.

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**I HAVE READ AND ACCEPT THE OFFICE POLICY. I ALSO UNDERSTAND THAT I AM ULTIMATELY RESPONSIBLE FOR ALL CHARGES INCURRED FOR DENTISTRY PERFORMED UPON MYSELF IN THIS DENTAL PRACTICE.**

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Patient Signature

Date

