

KANE & BLOEM

PROSTHODONTICS AND IMPLANT DENTISTRY

5340 PLYMOUTH ROAD, SUITE 110
ANN ARBOR, MICHIGAN, 48105

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FAX: (734) 995.9685

Office Financial Policy:

It is the policy of this office that **patient payments are made at the time treatment is rendered.** We do not participate in accepting direct payments from insurance companies. We will, however, bill your insurance company for you and assist in determining your insurance benefits. Payment for treatment is the responsibility of the patient.

For services exceeding \$500.00, predetermination of insurance benefits is possible. Depending on your carrier, this can take time, but it provides an estimate of what your insurance company will pay for a particular treatment plan. Please remember that predetermination estimates are subject to change if other charges draw from your insurance benefits. This may occur if your original treatment plan changes or if you are seeing other providers.

When treatment is extensive and/or requires a number of visits, we ask that patients pay their portion of the fee as treatment proceeds. We require ½ payment when treatment begins, with the balance due prior to completion of treatment. Your insurance paperwork will be submitted upon completion of treatment, with benefits payable to you.

We offer both interest free (6 months) and extended flexible payment through CareCredit. Information on these programs can be obtained during your visit or by calling our office.

Fees proposed are in effect for a six (6) month period, after which they are subject to change as fee schedule changes would dictate.

We make every effort to stay on time for your scheduled appointments. Please understand that your appointment is a reserved time for treatment by the doctor and/or hygienist and staff. Unless a 24-hour notice is given, a charge will be made for failure to keep an appointment. If you are unable to keep an appointment please inform us. Other patients will appreciate your courtesy to release time to them.

I have reviewed the above financial policy and agree to these terms and conditions

Patient or guarantor signature