

John C. Flucke, DDS P.C.
209 NW Blue Parkway • Lee's Summit, MO 64063 • (816) 525-7373

FINANCIAL POLICY

Thank you for selecting us to provide your dental care. We are committed to doing all that we can to ensure your successful treatment. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment.

FULL PAYMENT IS DUE AT TIME OF SERVICE.

WE ACCEPT CASH, CHECKS, VISA, MASTER CARD, DISCOVER and AMERICAN EXPRESS.

WE OFFER AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL.

Regarding Insurance

If you have dental insurance, we are happy to file your claim for you. If you subscribe to a plan that requires a co-pay, you will be expected to pay that amount at the time of your appointment. In certain situations where the insurance company makes payment directly to the insured, we may require the patient to make the full payment at the time of treatment. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.

Outstanding Balances

A monthly statement will be mailed on all balances due even if an insurance claim has been filed. Please review your statement for accuracy and report any errors to our office. Accounts with outstanding balances will be charged 1.5% interest on a monthly basis. Inactive accounts will be placed with a collection agency.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

We hope this information is useful to you. If you have any questions, please ask! We want what is best for you as our patient.

Signature of Patient

Date