

## **Flucke and Suchman Dentistry**

**209 NW Blue Parkway**

**Lee's Summit, MO 64063**

### **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. We offer the following payment options:

- 1) A 5% courtesy for payment prior to scheduling treatment totaling \$1000 or more in out-of-pocket estimates.
- 2) Payment for estimated out-of-pocket amounts made per appointment. We accept Cash, Check, Visa, MasterCard, Discover or American Express.
- 3) Interest free and extended payment options through our partnerships with CareCredit, Chase Health Advance or Citi Health Card.

### **Regarding Insurance**

Please remember that dental insurance is designed to pay for some, but not all of the costs of dental treatment. 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 of the full fee regardless of any insurance company's arbitrary determination of usual and customary rates.

If you have dental insurance, we will file your claim as a courtesy. At the time of service, we require you to pay for the portion of treatment that insurance is not expected to cover. If your insurance company's policy is to pay you directly, we require you to make full payment at the time of treatment.

Your insurance policy is a contract between you and your insurance company. It is not our responsibility nor is it possible for our office to be knowledgeable on the hundreds of dental plans available. Knowledge of your dental benefits resides with you. We will assist you as much as possible; however, you are expected to promptly respond to and actively resolve any insurance matters.

### **Outstanding Balances**

*Any balance owed after 60 days becomes the patient's full responsibility, even if insurance is pending.*

Accounts with outstanding balances will be charged 1.5% interest monthly (18% annually) and will be charged for any resulting collection costs.

**Treatment of Minors**

The parent or guardian who accompanies the child to the appointment is financially responsible for payment, regardless of custody matters. Additionally, if minors come for treatment by themselves, they are required to have payment for their treatment.

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Signature of Patient Date