

To our valued patients:

We can certainly appreciate the financial burden that medical expenses can create. Because of that, we do our very best to inform every patient of any expenses that may not be covered by their insurance. However, it is not possible for us to know everything, at all times, about every insurance that comes through our office. We do expect that our patients become familiar with their insurance and know what the limitations are.

Since we are not a preferred provider for most insurance, billing for the patient is a courtesy. In most offices, the patient is responsible for the services, at the time of service, and they are assisted by the office in getting reimbursement from their insurance.

We do not recommend treatment based on insurance coverage. We recommend the treatment that we feel is the best treatment for our patients. We are dealing with your health, so we are ethically bound to do the best that we can for you, not your insurance.

We feel the best thing about our style of dentistry is our commitment to quality. Once you've been with our practice a while, you will come to know our attention to detail and fine materials are second nature to us. But everyone's financial situation is different. And good dentistry won't count for much if it is beyond your means.

Insurance carriers vary, but we'll try to help you get the most benefit out of your particular policy. Please keep in mind you are responsible for your total obligation should your insurance benefits result in less coverage than anticipated. We do ask that you pay your estimated portion at each visit. For questions regarding your particular insurance coverage, please contact your insurance company. They are your best source for information.

We accept payment by cash, check, Visa, Master Card and Discover. For qualified applicants, we offer a financing program. If you qualify, we'll work with you to devise a method of payment that will fit into your budget.

If you share our belief in quality dentistry--the best dentistry we can possibly do--then we'll find a way to make it part of your life.

Sincerely,

Kevin Ippisch, DDS

AUTHORIZATION:

I grant authority to the Dentist to perform procedures and treatment, including administration of medicine, local and general anesthetics, and extractions along with other surgical and dental procedures that may be necessary.

I/we agree to pay a finance charge of 1.5% per month (an annual rate of 18%) on the unpaid balance after 60 days and up to 100% of collection costs and/or attorney's fee up to 100% if any delinquent balance is placed with an agency or attorney for collection or suit.

I/we hereby agree to be responsible for payment of services not covered by insurance. I hereby authorize payment of all dental insurance benefits directly to Kevin Ippisch, DDS. I have read the information provided on this form and understand my responsibilities as a patient.

Authorized Signature: _____ Date: _____
(Patient or Guardian)

Patient's Name: _____
(Please Print)