Belle Haven Family Dentistry

Dr. Sarah Kennealy DDS

Notification of Financial and Practice Policy

We are committed to providing your family with the best care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial and insurance policies is important to our professional relationship.

1-VERIFYING INSURANCE: As a convenience to you, we will verify your insurance for eligibility benefits prior to your new patient appointment as well as any time that you notify us of a change in your coverage. The insurance companies do not guarantee payment based on the information that they provide us. You are ultimately responsible for knowing if there are any waiting periods for work to be performed. Any amounts on your treatment that are not covered by your insurance, are your financial responsibility. Please keep your insurance information current by notifying us of any changes in employment, insurance coverage, etc.

2-PAYMENT: Payment is due at the time of service. If the service is for a minor, then the adult that is accompanying the minor is responsible for payment at the time of the appointment. Additionally, if you have a balance following an insurance payment from the previous visit, you will be expected to pay that amount as well.

3-CHANGES IN PERSONAL INFORMATION: Changes in your address or telephone numbers should be kept current with out office.

4-BALANCES: If your account balance exceeds 60 days, you will receive a notice informing you that your account is overdue. If you do not pay your balance or arrange a payment plan within 10 days, your account will be turned over to a collection's agency. If this happens, a collection fee (currently 39% of the balance) will be added to your account balance. The collection agency will report any unpaid balance to the major credit card bureaus.

5-RETURNED CHECKS: There will be a $30.00 fee for all returned checks. The amount of the check plus the fee must be paid within 10 days of notification by money order, cash, credit, or your check will be turned over to the appropriate authorities. Once a check has been returned, this office will no longer accept personal checks for payment.

6-CANCELLATION/ FAILED APPOINTMENT: We request 24-hours' notice if you are canceling an appointment. In case of a second cancellation without 24-hour notice or failed to show (no show) appointment there will be a $20.00 fee for the appointment. The $20.00 will be posted to your account, and you will not be able to be allowed to make any other appointments until it is paid in full.

7-INSURANCE: I understand that I am financially responsible for all charges not covered by dental insurance. I hereby authorize to doctor to release all information necessary to sure payment of benefits. I authorize the use of this signature on all insurance submissions.

Patient Signature	Print Name	Relation to Patient	Date