

Dr. Charles Kenner, DMD
7000 Houston Road, Suite 35
Florence, KY 41042
Phone (859) 371-0183

Financial Policy

We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policies.

1. **Always** bring your current dental insurance card to each appointment.
2. Notify us at time of check-in of any changes in insurance, address, phone number, etc.
3. Payment is **always** due at time of service.
4. In an attempt to keep administrative costs at a minimum, we require payment of your copay and/or deductible at the time of service.
5. Make sure prior to your visit that you have all referrals and/or authorizations required by your insurance company for the visit.
6. Make sure to verify with your insurance plan as to the participation status of the physician you are seeing. We will not deny care to any patient due to uncertainty as to participation status of Dr. Kenner with your plan. However, if Dr. Kenner is not part of your plan, your portion of the fees will most likely be higher. Ultimate responsibility for payment is yours.
7. Keep in mind that your insurance policy is basically a contract between you and your insurance company. **We will file all insurance claims for you. However, the ultimate responsibility for payment is yours.**
8. Not all insurance plans cover all services. In the event your insurance plan determines that a service is not covered, you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
9. **As a courtesy to all patients, we require a 24 hour notice if you are unable to make a scheduled appointment. Those who do not give adequate notice will be billed \$50 for the missed appointment.**
10. Returned check fee is \$25.
11. **I understand that I am responsible to pay for all services rendered, *including a \$75 collection fee, attorney fees up to and including court cost in the event of default.***

Printed name of patient

Signature of Patient or legal guardian

Date