

Edward W Kubic Jr DDS Inc
1050 S Canfield Niles Road
Austintown, Ohio 44515
(330) 799-1453
www.drkubic.com

Welcome to our office! We feel that the best service is based on an honest and friendly understanding between the patient and the doctor. Therefore we have a few policies that we want you to be aware of.

Fees: Our fees are based upon our time, skills and judgment in the rendering an exceptional result. After the examination and diagnosis, we will explain your treatment plan with you. **All portions and past due balances are due at the time of service.** Financial arrangements must be made prior to treatment with our Financial Coordinator. Please feel free to discuss your treatment plan or financial arrangements set up by our office, before your scheduled appointment.

Insurance: We are pleased that many patients have advantage of dental insurance to supplement the cost of their dental treatment. Your fee is **your responsibility** regardless of what your insurance company pays. If you have a question of dispute with your coverage, please take this up with your insurance company. We are not the party to contact.

- **Your Insurance Policy is a contract between you and your Insurance Company.** However, we will automatically bill your insurance company for services rendered as a courtesy to you.
- **If your Insurance Company has not paid the total claim within 60 days from the date of service, the balance will automatically be billed back to you.** Please be aware that we may receive only a partial amount of what was totally billed to your insurance company. You will be responsible for the amounts the insurance company has determined as ineligible or not covered in full.
- **If we can not verify eligibility prior to treatment, you are expected to pay in full at the time of service.** We will be glad to submit your insurance for your reimbursement.

Self Pay: Full payment is due the day that the services are rendered if there is no dental insurance.

Appointments: In consideration of the doctor, our staff and other patients, it is very important that you are not late for your scheduled appointment time. We would appreciate cancellation notice at least 24 hours in advance when possible if you cannot make your scheduled appointment. **There is a \$25.00-\$75.00 missed appointment fee (depending on your appointment length and degree) if you do not give a 24 hour notice.** If you are more than 10 minutes late, we may need to reschedule your appointment. We do not overbook in this office and normally run on time. Our office will not send duplicate statements to a third party person. Whoever is the responsible party account. There is no exceptions to this policy.

If you request radiographs or records to be transferred, there is a records release form that you are required to sign before we can release that information. The original radiographs are solely the property of the office of Edward W Kubic Jr DDS Inc.

I have read and understand the office policies. I have had all questions and concerns addressed prior to signing my name below.

Signature

Date