

KIRKWOOD DENTAL

75 S. San Tomas Aquino Rd., Ste. #2, Campbell, CA 95008. 408.378.8500

OFFICE POLICIES

INSURANCE & COPAYMENTS

Co-payments and deductibles are due at the time of service. Patients are responsible for their account balances whether or not paid by the insurance company.

Initials _____

CHECK PAYMENTS

Checks can be post dated for a maximum of one month only. Patients must first establish good credit with the office before this arrangement can be made.

Returned checks are subject to a **\$35.00** service charge plus the amount charged by the bank. Payment for returned check and additional service charges must be paid before scheduling an appointment. Another method of payment is required on payment of returned check and service charges.

Initials _____

MISSED APPOINTMENTS

A **48 hours** notice is required for all changes in scheduled appointments. Any notice less than **48 hours** will result in a **\$50.00 charge per appointment hour**.

Initials _____

PAST DUE ACCOUNTS

Accounts past **30 days** are subject to **2%** interest and **\$10.00** late charge. Interest and late charges applies on every **30 days** past due.

Accounts past **60 days** will be sent to **collection agency**. Accounts sent to collections are subject to **50% charge** on the balance of the account.

Initials _____

DISCOUNTS

Discounts apply only for senior citizens, full- time students without insurance, and noninsured patients if **full payment** is made **prior** to time of appointment.

Initials _____

SIGNATURE of PATIENT _____ **DATE** _____