

FRANTAL DENTAL CARE

7601 PERSHING BLVD #1

KENOSHA, WI 53142

[262] 694-1100

OUR FINANCIAL POLICY:

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

Charges for dental treatment are determined by the time spent and vary with the severity and complexity of the problem. Please do not hesitate to discuss our fees if you have any questions.

We make every effort to keep the cost of your dental care to a minimum. You can help by paying at the time of your visit. This is expected unless prior arrangements have been made. We accept cash, check, and all major credit cards.

REGARDING INSURANCE:

If you have insurance, please understand that this is an agreement *between you and your insurance company*. As a courtesy to you, we will file your dental insurance claims. We do expect that you pay 20% of charges incurred, at the time of service. Insurance plans vary, and your insurance may cover 0 – 100% of your dental costs. Again, we file insurance claims as a courtesy to you, but *you are responsible for the timely payment of your account*, regardless of any disputes between you and your insurance company. If your insurance company has not paid the full balance within 60days, you have 30 days to make arrangements to pay the balance.

ASSIGNMENT OF INSURANCE BENEFITS:

I, the undersigned, certify that I have insurance coverage with _____ and assign directly to Terrence K. Frantal, DDS, S.C. all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance.

I hereby authorize Terrence K. Frantal, DDS, S.C. to release to my insurance company any information, including diagnosis and records of any treatment of examination rendered to me.

I also authorize the doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

THANK YOU FOR UNDERSTANDING OUR POLICY

SIGNATURE _____ DATE _____

BROKEN APPOINTMENT POLICY:

A broken appointment is a loss to everyone. We do require 24 hours notice if you are unable to make your scheduled appointment. A \$50 charge will be added to you account for this broken appointment if this notice is not received.