



David L. Krese, D.D.S.

Practice Limited to Periodontics and Implantology

## OUR FINANCIAL POLICY

Thank you for choosing our practice as your periodontal care provider.

All patients must complete our ***Patient Registration and Medical History*** form before treatment may begin.

### **PAYMENT ARRANGEMENTS MUST BE MADE PRIOR TO TREATMENT**

***(We will provide you with a Payment Arrangement Form describing your payment options)***

#### **Regarding Insurance**

***For your initial examination (first appointment) we ask that you pay your bill in full, at time of service.***

As a courtesy, our office will file your insurance for you and have them reimburse you directly. We cannot bill your insurance unless you bring all your insurance information. Therefore, it is necessary to have your dental insurance card to assure complete and accurate claim filing. Once we have your insurance information, and if further treatment is required, we will file any preauthorization that you request. Please be aware that some and perhaps all of the services provided may be non-covered services. Any balance or outstanding charges for services completed is ultimately your responsibility. For extensive treatment plans, our office offers multiple payment plans for your convenience. These options will be presented to you during your initial appointment.

#### **Usual and Customary Rates**

Our practice is committed to providing the best treatment for our patients at a reasonable and fair fee. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

#### **Outstanding Balances**

Any outstanding balance over 90 days will be turned over to a collection agency and there will be a collection fee added to the balance of your account.

#### **Minor Patients**

The parent/legal guardian must accompany the minor patient (any patient under 18 years old) to the appointments. The parent/legal guardian is responsible for all charges for services rendered.

#### **Missed Appointments**

We reserve the right to charge for appointments cancelled or broken without 48 hours notice. Please help us serve you better by keeping your scheduled appointments and by being in the office several minutes before your appointment. Please notify us as soon as possible if you will be unable to keep your reserved appointment to avoid this fee.

**A \$35.00 will be charged to your account for any returned checks.**

We thank you for taking the time to read our Financial Policy. Please let us know if you have any questions or concerns.



240 Hydraulic Ridge Road, Suite #201  
Charlottesville, Va 22901

e-mail: [drkrese@gmail.com](mailto:drkrese@gmail.com) | phone: 434-971-8159

website: [www.davidllkresedds.com](http://www.davidllkresedds.com)

 [facebook.com/davidllkresedds](https://facebook.com/davidllkresedds)