Edna Faye Kemp, DDS

FAMILY DENTISTRY

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www.kempdentistry.com

Trust us with your smile!

Office Financial Policy

1. Payment for treatment is expected on the date of service. Payment arrangements may be made after our manager gives a credit approval. We accept VISA, MASTERCARD, CHECKS, and CASH. A fee of$35.00 will be assessed for any checks returned for NON-SUFFICENT FUNDS.

2. For all insurance patients, the portion not covered by insurance will be collected at the time of service.

   A. We will bill the exact difference to your VISA OR MASTERCARD ACCOUNT on the day office receives the insurance check.

   B. The out of pocket portion is due on the treatment date.

3. A $5.00 monthly billing service charge will be posted on each account if a delinquent statement (over 45 days past due) becomes necessary. For those of you who pay their accounts in timely fashion, we thank you. This policy will not affect you.

4. Delinquent accounts will be turned over to COLLECTIONS OR SMALL CLAIMS COURT. The responsible party is liable for all expenses incurred in collection procedures including reasonable attorney fees, court costs, any other costs, and any other cost of collection.

5. The patient or guardian who is responsible for payment must accompany patient.

I agree to the terms set forth above, understand them, and agree to pay for all service rendered in accordance with the terms set forth above.

Date: _____ Signature: _____

Date: _____ Witness: _____

Dr. Edna Kemp is hereby expressly authorized by the undersigned to charge the difference between the fee for services rendered by Dr. Kemp and the amount paid by the undersigned's insurance company directly to the credit card identified below. The authorization shall remain in-effect until such time I inform Dr. Kemp, in writing, that such authorization is revoked.

Card Type: _____ Acct#: _____

Signature: _____