

JOHN G. KOSTIDES, D.D.S.
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(219) 755-0123

FINANCIAL POLICY

We at Dr. Kostides' office are a proud team whose primary mission is to deliver the finest and most comprehensive dental care available today. In addition, we are also dedicated to making top-quality care as cost-effective as possible. Your co-payment and deductibles are due at the time of service. To assist you, we accept cash, checks, all major credit cards and CareCredit. If low interest-free monthly payments is your preferred option, we are happy to offer the CareCredit line of credit to cover you and your family members' healthcare needs. The amounts of payment quoted to you are *estimates* only. We strive to be as accurate as possible. There are, however, occasions when the treatment is more extensive than originally estimated. If this occurs, Dr. Kostides will inform you of the change as well as explain the need for it.

REGARDING INSURANCE

As a courtesy to our patients, we will be happy to file your insurance, and accept assignment. However, to avoid misunderstanding, please read carefully and understand the following:

- 1) It is your responsibility, as well, to be fully aware and knowledgeable about your insurance coverage (and inform us of any changes). This office is very knowledgeable about dental insurance in general. We cannot, however, be experts on every individual policy. You should be aware that different insurance companies vary greatly in the types of coverage they make available.
- 2) We ask that you view your insurance realistically. It is your contract and it is therefore your responsibility to see that the claims are paid promptly. Please be aware that some of the services provided may be non-covered services and/or not considered reasonable or necessary under the policy your employer has selected.
- 3) Any balance left unpaid by insurance is yours to pay. This balance is required in full when you receive a statement from us.
- 4) Regarding insurance plans where we are a participating provider, all co-payments and deductibles are due at the time of service. If a service is not covered, it is your financial responsibility.

APPOINTMENT POLICY

We provide our patients with scheduled appointment times. Please help us serve you and our other patients better by keeping scheduled appointments. Appointments that are missed or changed at the last minute are then unavailable to patients who need them. We reserve the right to charge for a broken appointment when a 24-hour notice is not given.

*Thank you for taking the time to read and understand our Office Policy. Our goal is to make your visits comfortable and pleasant, to be efficient with your time, and to communicate clearly with you. We believe that good communication is the key to excellence in dental care.
We are here to make you smile!*

I have read and I understand the above Office Policy, and I have been provided with the answers to any questions I have at this time.

Patient Signature

Date

Patient Print

Date