

Liberty Park Dental
1508 NE 96th St Suite A
Liberty, MO 64068
(816) 415-8080

We are committed to providing you with the best possible care. If you have dental insurance, we will gladly help you utilize your maximum allowable benefits. In order to help us best serve you, we need your assistance and understanding of our payment policy.

Payment for services is **due at the time services are rendered**. As a courtesy, we will file your insurance and ask that you pay the **estimated** portion not covered by insurance, the day service is rendered. We accept cash, checks, Visa, MasterCard and Discover. We also currently offer Care Credit, a quick and easy application, can offer you interest free or low-interest financing for an extended period of time.

Balances over 30 days will be subject to additional interest charges of 3.5% per month. A \$35.00 fee will be charged for all returned checks.

A \$30.00 fee will be charged for all missed appointments without 24 hour prior notification.

We do not accept payment plans, unless prior written arrangements have been made. We will gladly discuss your proposed treatment and answer any questions we are able, regarding your dental insurance.

However, please understand, that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
2. We do our best to keep our fees within the acceptable range for our geographic area. If however, our fee is considered to be above what your insurance company considers reasonable and customary, you are responsible for the remaining balance.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy we extend to our patients, all charges incurred are your responsibility. If your bill is not paid within 90 days of service, your account will be turned over to a collection agency. An additional 35% will be added to your bill to cover the cost of the agency. We do realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account. If you have questions about the above information or any uncertainty regarding insurance coverage, please don't hesitate to ask us. We are here to help.

I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account, for any professional services rendered. I have read all of the above information and understand it fully.

Signature _____ Date _____