



11100 Ash St Suite 204
Leawood, KS 66211
913.491.6282

FEES AND INSURANCE

You are responsible for your bill **at the time of service** which may include your insurance deductible and our percentage of work that is done. Your insurance policy is a relationship between you and your insurance company. As a convenience to you, we are happy to file your insurance claim, **however all payments for services rendered are ultimately the responsibility of the patient, regardless of insurance payments.**

Initial here _____

All unpaid balance over 60 days will incur a finance charge of 1.5% (18%/annum). **Therefore, an insurance company that holds your claim greater than 60days may cause your account to receive a finance charge for which you are responsible.**

Initial here _____

In order to give you a personal service you deserve, your appointment time is reserved exclusively for you. **We would ask that you give us a 2 business day advance cancellation notice if you are unable to keep your appointment or a missed appointment fee for \$60 per hour of scheduled time will be applied.**

Initial here _____

For your convenience, we accept all major credit cards and offer interest free financing (ask for details). If you have any questions about fees or payments, please do not hesitate to talk to our business office.

Print Name: _____

Signature: _____

Date: _____