

JAMES M. KINNEY, D.M.D.

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Marietta, GA 30062
(770) 973-9225



FINANCIAL OPTIONS

Our commitment is to provide quality dental care to the entire family through exceptional service and the utilization of advanced technology

METHODS OF PAYMENT

1. Cash, Check, Visa, Master Card, Discover, or American Express
2. CareCredit
3. Dental Insurance as described below

DENTAL INSURANCE

1. We are pleased you have dental insurance and our office will assist you in obtaining the maximum benefits in your contract. However, your insurance contract is between you, your employer, and the insurance company.
2. As a courtesy to you, we will file your insurance and accept assignment of benefits if you have provided us all the necessary information and signed the insurance payment authorization form. **Your estimated co-payment and deductible must be paid at the time of service.**
3. Not all services are covered or covered at the presumed rate in all contracts. You are responsible for any amount not paid by your insurance company.

RELATED INFORMATION

1. There is a \$25 returned check fee.
2. In the event that the account is not paid and we refer the account to collection, you will be responsible for all fees incurred for collection of you bill (i.e. attorney fees, court costs, and collection agency fees).

I have read and understand the above information. I understand I am responsible (regardless of my insurance) for all charges incurred from services rendered.

NAME (please print) _____

SIGNATURE _____ DATE _____

PATIENT (if different from above) _____