

# ***Renuka P. Kumar, DDS***

## **OFFICE POLICY**

Thank you for selecting our practice for your dental care services.

Payment is due in full at the completion of treatment. We provide a number of payment options which may be used either individually or combined according to your wishes.

**CASH or CHECK:** Personal check, cashier's check or cash

**CREDIT CARDS:** Visa Mastercard American Express Discover

**THIRD PARTY FINANCING** through Care Credit: 3 and 6 month interest free financing.

**INSURANCE:** We will be glad to file your insurance for you electronically. You are responsible for any portion not covered by your insurance company at the time treatment is rendered. Once payment is received from the insurance company you will receive **ONE** patient statement for the balance due. It is expected that this payment will be made in ten days. If payment is not received, it will be considered **PAST DUE** and may be sent to collection.

If you need to reschedule or cancel an appointment, please give us a 24 hour advance notice. There is a \$30 charge for all appointments cancelled without a 24 hour notice.

Please acknowledge your understanding of this policy and your willingness to comply with the above.

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Financially Responsible Party

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Date