



Dr. James M. Kelly, D.M.D., D.D.S., P.C.  
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### **Office Financial and Cancellation Policy**

In an effort to keep fees reasonable and to continue to provide quality care, our office has established the following payment policy:

1. All routine dental treatment (\$0 - 500.00) **must be paid in full at the time treatment is rendered.**
2. Extensive treatment plans will require a deposit **before** services are completed.
3. Cash, check, and all major credit cards are accepted.
4. Our office does **not** arrange payment plans, however, if a payment plan is needed, we do partner with Care Credit.

Our administrative team will be happy to bill your insurance carrier. However, at each appointment we do expect payment of any uncovered services, deductibles or co-payments. For larger treatment plans, you will be given an estimate of what your insurance company will pay and any co-payment will be handled according to the above financial policy. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered.

Everyday new insurance policies are forming and current policies are changing. Consequently, it is no longer an easy task to interpret them. Your dental benefit policy is a contract between **your** employer and the insurance company. It has no connection to this office and it is your responsibility to be aware of your benefit levels, cut-off dates, and co-pays. **Due to continually changing insurance regulations, we are only able to approximate your insurance balance.** **Final responsibility for payment rests with the person responsible for your account.**

I authorize my insurance company to pay the dentist all insurance benefits for services rendered. I authorize the use of this signature on all insurance submissions.  
I authorize the dentist to release all information necessary to secure the payment of benefits. I understand that I am financially responsible for all fees, regardless of whether my insurance pays or not.  
I have read and understand the financial policy as stated.

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Printed name of patient (or person responsible for account)

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Signature of patient (or person responsible for account)

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Date