

Thank you for choosing our office for your dental care needs. Dr. Kratzenberg is committed to successful completion of your treatment. Please understand that payment of your bill is considered part of that treatment. The following is a statement of our Financial and Privacy Policies that we require you read and sign prior to any treatment.

All patients are asked to complete a Health History and Registration form before seeing Dr. Kratzenberg.

FULL PAYMENT IS DUE AT THE TIME OF SERVICE.
WE ACCEPT CASH, CHECKS, VISA, MASTER CARD, AND DISCOVER

Payment plan options can be made through several outside sources.
These arrangements must be made in advance of the treatment.

Regarding Insurance

We may accept assignment of insurance benefits at the time of your first visit; however, we do require any copayments to be paid in full at the time of the visit. In the event we do not know the terms of your insurance policy, 50% of your total charge will be required at time of treatment. Your insurance policy is a contract between you and your insurance company. We are not party to that contract unless otherwise stated to you. If your insurance company has not paid your account in full within 30 days, the balance remaining is your responsibility and is to be paid in full when informed by our office.

Adult Patients

Adult patients are responsible for full payment at time of service.

Minor Patients

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to be put on a Master Card, Visa, or Discover or payment by chase at time of service has been verified.

Missed Appointments

Perhaps you are not aware, but when canceling an appointment on short notice you actually take up two appointment slots (the one that was cancelled, and the new appointment made.) Unless cancelled at least 24 hours in advance, we reserve the right to charge for missed appointments at the rate of a normal office visit. Please help us serve you and others better by keeping scheduled appointments.

Privacy Policy

Our office does not disclose information about our patients or their treatment to outside agencies to the extent protectable by law. Personal information will be maintained in a confidential manner. Information disclosed to your insurance carrier (if applicable) will comply with the current Health Insurance Portability and Accountability Act (HIPAA). Dr. Kratzenberg routinely takes photographs of his work that may be used for instructional or demonstration purposes; the patient must notify the doctor if he/she does consent to these limited uses.

Thank you for understanding our Financial and Privacy Policies. Please let us know if you have any questions or concerns.

I have read, understand, and agree to these Financial and Privacy Policies.

X _____

Signature of Patient or Responsible Party

Date _____