



**Hal E. Hale, D.D.S.,
P.A.**
*General Dentistry Including
Cosmetic, & Implant
Dentistry*

Hal E. Hale, D.D.S.

*Fellow, American College
of Dentists*

*Fellow, International College
of Dentists*



*Past President, Kansas
Dental Association*

*Past President, Wichita
District Dental Association*



*Member, American Dental
Association*

*Member, Academy of
General Dentistry*



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Patient Payment Policy

Dental Insurance:

It is the patient's responsibility to provide the correct dental insurance information. If you have dental insurance, most insurance plans do not have co-pays for semi-annual cleanings. We will file the fees for service with the insurance company, and if there is a balance due by the patient, you will receive a statement in the mail.

If you have dental treatment; fillings, crowns, bridges, partials, dentures, or any other procedure, there will be a payment required at the time of your appointment. The total amount will be filed with the insurance company for their payment. Any amount paid by the patient, does not affect, in any way, the amount the insurance will pay for the procedure.

****The amount not covered by the insurance company, is the responsibility of the patient or guardian.**

Pre-determination:

As a courtesy to you, we will submit prescribed treatment to your insurance before services for an estimate of payment or pre-determination. Generally, the insurance company notifies you and/or us in writing. This will show the estimated amount insurance will pay and the amount responsible by the patient. **At the time of your appointment, you will be responsible for payment of the estimated portion based on your insurance benefit. However, if your appointment date precedes the pre-determination, we will estimate the amount you will owe and that amount will be due at the time of the appointment.** You should be aware that the pre-determination of benefits does not guarantee coverage.

No insurance:

If you do not have dental insurance, the full fee will be due at the time of service.

For your convenience, we accept cash, check/debit cards, money orders, and all major credit cards

For monthly payment options, we accept CareCredit. This payment plan offers 6 months no interest for amounts of \$200.00 or more. Go to www.carecredit.com for more information.

Past Due Accounts:

*If you have a balance on your account that goes 60 days past due you will be charged a 2% finance charge.

*If your account becomes delinquent and payment arrangements need to be made there will be a 5% finance charge.

I understand and agree to the above payment policy.

_____ Date _____

Patient or Responsible Parties Signature

**Signing this agreement does not financially commit you, until the work is scheduled.

*****If we are not provided with the correct dental insurance information at the time of service, you will be responsible to pay in full.**

