

Financial Policy

It is the office policy of Dr. William Kachele as listed on the appointment cards that there is a rescheduling fee for a missed appointment or failure to call two business days prior to change or cancel your appointment.

The fees are as listed:

\$75.00- Cleaning and Exams ~ \$150.00- Dental Procedures

A 50% non-refundable deposit is required in advance for sedation Dentistry, Implant Dentistry and Major Cosmetic Dentistry Cases.

I understand that as a courtesy the office of Dr. Kachele will bill my insurance company for services rendered. However, if for any reason the estimated amount is not paid, I understand I am responsible for the total amount billed. Any unresolved debt past thirty days will be advised and interest fees will accrue at that time. At sixty days the account will be forwarded to a collection company. I understand that I will be responsible to pay for the cost of collection procedures and this expense will be added to my balance.

Forms of payment accepted are cash, check, American Express, Discover, Visa and MasterCard. If a check is written and does not clear the bank, there will be \$30.00 charge applied to the account and payment must be made with cash or money order within three business days.

Please understand we will do our very best to accommodate you with your dental care and to provide accurate estimates with regard to your dental insurance benefit allowance.

Thank you,
Dr. Kachele

Signature

Date