



Brett L Keeler D.D.S., P.C.
13012 Old Glenn Hwy
Eagle River, Alaska 99577
(907) 694-2129

Thank you for choosing **Keeler Family Dental** for your dental needs. We understand that everyone's financial situation is different. For this reason we worked hard to provide you and your family with a variety of payment options to provide you with the dental care you need and deserve, with a focus to your budget. Please evaluate the options:

1. PAY AS YOU GO

Our "Pay-As-You Go" option allows you to be in control of your insurance benefits, by paying fully at each appointment for treatment and by being reimbursed directly from your insurance company. This will enable you to keep personal records of all insurance reimbursements, all dental transactions, to track maximum allowable benefits and be more aware of what your plan covers and what restrictions and limitations your plan does not cover. You will never have to worry about having an outstanding account balance with us. **We will make sure your insurance claims are filed, and that payment will go directly to you.**

When insurance companies reimburse patients, payment usually takes approximately 7-10 business days, especially if your plan accepts electronic dental claims. If required, at each appointment we will send electronic claims for you.

A. 10% Courtesy Reduction for Prepayment with Cash or Check (Fees in Excess of \$400)

We offer 10% courtesy reduction in your treatment fee for prepayment in full with cash or check at time of scheduling to reserve time in the schedule with Dr. Keeler.

B. 5% Courtesy Reduction for Prepayment with Credit Card (Fees in excess of \$400)

We offer a 5% courtesy reduction in your treatment fee for prepayment in full with accepted credit card at time of scheduling to reserve time with Dr. Keeler.

2. ASSIGNMENT OF BENEFITS

Our "Assignment of Benefits," options offer you the convenience of using your dental benefits as a form of direct payment by assigning payment from your dental insurance company directly to Keeler Dental. Your deductible and estimated copayment will be collected at time of service. Please be reminded that your insurance is an agreement between your insurance company and you. This means you are responsible for any service or balance of fees or balances that may not be covered by your dental benefits plan. Choosing Keeler Dental to submit electronic claims on your behalf requires you to leave a valid credit card number on file as a precondition. Balances not covered by your dental insurance will be charged directly to your credit card on the day your insurance benefit check is posted to your account or within thirty days of your treatment if there is a delay in payment by your insurance company. If you decline leaving your credit card on file, you miss the courtesy of Keeler Dental accepting direct payments from your insurance company on your behalf and you will be responsible for the payment in full at the time of scheduling an appointment. Please fill out and complete our credit card authorization form. **This will be kept strictly confidential and will be used only under agreed terms.**

3. INTEREST FREE OR LOW INTEREST FINANCING

Our "Interest Free or Low Interest Financing" option offers you an arrangement with one of our financial partners (Care Credit or Patient Financing). Upon approval, you can receive a 6-12 month interest free term or a 24-48 month low-interest loan with low monthly payments, no down payment, or collateral. **Please inform us if you would like help in the application process.**

BROKEN APPOINTMENTS: A SPECIFIC FRAME OF TIME IS RESERVED ESPECIALLY FOR YOU WITH OUR HYGIENIST OR DR. KEELER AND WE STRONGLY ENCOURAGE OUR GUESTS TO KEEP THEIR APPOINTMENTS. If you have to change your appointment, we request 48 hrs. notice to avoid charging any cancellation fees.

PRINT NAME	SIGNATURE	DATE
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