

Kansas City Pediatric Dentistry

3801 Southwest Trafficway • Kansas City, MO 64111 • (816) 622-2000

Financial Agreement

If you have dental benefits, we will help you receive maximum benefits by filing for you. We will expect payment of estimated copays, coinsurance and deductibles at the time of service. We accept Mastercard, Visa, Discover, Check and Cash. Financing is offered through Care Credit.

As a patient (or guardian of a patient), I understand that this office does not acknowledge agreements between parents accepting or denying responsibilities of services provided. We consider the custodial guardian/parent to be responsible for payment of services received.

Assignment of Insurance Benefits

I hereby assign benefits to be paid, on my behalf, to: Emily Drake DDS, Kansas City Pediatric Dentistry LLC. I understand and agree to be financially responsible for charges not cover or paid by my dental benefits.

Certificate

The undersigned certifies that I have read and understand the Financial Arrangements as stated above.

Patient name: _____

Relationship to patient: _____

Signature: _____ Print name: _____

Date: _____