

ACKERMAN FAMILY DENTAL, PLLC

7600 OUTER LOOP

LOUISVILLE, KENTUCKY 40228

To All Patients:

In order to keep our billing costs and ultimately our prices under control, payment for all dental services is required on the day services are rendered. If you have dental insurance we will do our best to estimate your portion as accurately as possible and we will collect that amount on the day services are rendered unless other payment arrangements have been made prior to that day's appointment. This is only an estimate. **YOU ARE RESPONSIBLE FOR ALL CHARGES NOT PAID BY YOUR INSURANCE CARRIER !**

Our office will continue to file insurance claims as a courtesy to our patients at no cost. However we cannot guarantee that your insurance company will pay or what amount they will pay on any claim. The contract with your insurance company is between you and your insurance company. We will collect an estimated amount. In addition some insurance companies are very slow in paying claims. Any amount not paid within 60 days of service is due and payable by the patient.

If you are notified that your claim has not been paid we urge you to notify your employee benefits manager or the Kentucky Insurance Commissioner at the following address.

Kentucky Department of Insurance
P. O. Box 517
Frankfort, Kentucky 40602-0517

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In the event of nonpayment which results in this account or a dependent's account being turned over to an attorney or collection agency, I agree to pay all legal costs, disbursements and collection agency fees that Dr. Ackerman may incur.

Signature of Responsible Party
Or Patient

Witness

Date