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## **FINANCIAL POLICY**

We are committed to providing you with the best possible dental care. If you have dental insurance, we would be pleased to assist you in receiving your maximum allowable benefits.

Payment for services is due by the time services are rendered. We will be pleased to assist you in processing your primary and secondary insurance claims. With your insurance information, we are happy to file a predetermination form so that the insurance company can give you an idea of what benefits you might be reimbursed. Any unpaid claims by your insurance company becomes your responsibility and is due and payable.

Financial responsibility for patients that are minors lies with the responsible party. Minors should be accompanied by a responsible party to answer any questions which regard treatment or patient care.

For your convenience you may pay by cash, check, Visa, Mastercard, Discover, or American Express. Third-party financing is available with approved credit. Please ask us for details.

When cancelling an appointment, a 24-hour notice is required. If such a notice is not given or you fail to show up for your appointment, a \$50 fee will be charged to your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask. We are here to assist you.

I have read the above Financial Policy and agree to all payment terms. I further authorize the office to release any information concerning my case to my insurance company.

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PATIENT OR GUARDIAN SIGNATURE

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DATE