



Convergent Dentistry

11111 Nall Ave, Suite 100 | Leawood, KS, 66211-1624 | (913) 491-9119

Thank you for choosing Convergent Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from: Cash, Check, Visa, MasterCard, American Express, Discover Card or Care Credit¹

We offer a 3% courtesy accounting adjustment to patients who pay for their treatment with cash or check prior to the start of care for treatment plans of \$5000.00 or more.

- Convenient Monthly Payment Options¹ from CareCredit Healthcare Credit Card

- Allow you to pay over time (six or twelve months, depending on amount financed)
- No annual fees or pre-payment penalties

Please note: Convergent Dentistry requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

Payment is due in full at time of service. For plans requiring multiple appointments, alternative payment arrangements may be provided. For treatment plans of \$1000 or more, a deposit of half the total cost is required to secure your initial treatment appointment.

We charge a 10% service charge on all past due accounts past ninety (90) days. Any account that has not received payment in 120 days will be turned over to a collection agency that will pursue the patient/responsible party for reimbursement. The patient/responsible party will be responsible for any costs associated with these collection efforts. This will negatively impact your credit history and limit the treatment you can receive at our office.

For patients with dental insurance we are happy to work with your carrier to maximize your benefits and provide you with the documentation you need to receive reimbursement for your treatment. Your dental insurance is a contract between you and your insurance company. Payment will be due for any remaining balance that insurance has not paid on your behalf.

A reservation fee of \$50 is required for patients who miss or cancel more than two (2) times in a twelve (12) month consecutive period without prior notification of the cancellation of at least two (2) business days.

Convergent Dentistry charges \$30 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹Subject to credit approval