



**Patrick J Kelly DDS**

35992 Gratiot Avenue  
Clinton Township, MI 48035  
(586) 790-7360

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## OFFICE POLICIES

### INSURANCE:

- Your insurance is a contract between you and your insurance company.
- You must be knowledgeable about your insurance benefits.
- If you do not inform us of insurance changes you are responsible for the payment of services rendered.
- If your insurance plan does not cover the services provided you are responsible for the payment of those services.
- All treatment plan presentations are estimates; any balance remaining after the insurance payment is your responsibility.

### PAYMENT:

- All deductibles and/or co-pays are due at the time services are rendered.
- If you do not have insurance, payment for services is due at the time service is rendered.
- If your insurance pays less than we estimated, a statement will be sent and payment is expected within 15 days. A statement fee of \$5.00 applies if a second statement must be sent.

### BROKEN APPOINTMENTS:

- Our office requires a 48 hour notice for changes in appointments.
- There is a \$50.00 fee for broken appointments.

I HAVE READ AND UNDERSTAND THE ABOVE :

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PATIENT'S SIGNATURE

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DATE