KENNETH C. BARNEY, D.D.S.
LVI FELLOW, IAPA FELLOW, AASM, AASDM
EPDS & OKU

WWW.KENBARNEYDDS.COM
Tel: 304-754-8803
Fax: 304-754-8039

ARTISTRY • INTEGRITY • PASSION

101 NORTH MARY STREET
HEDGESVILLE, WV. 25427

CONSENT FOR SERVICES
✱✱PLEASE READ CAREFULLY✱✱

As a condition of your treatment by this office, this practice requires reimbursement from the patient for the costs incurred in their care. **All dental services performed must be paid in full at the time services are rendered if there is no dental coverage.** Patients who do not carry dental insurance understand that all dental services furnished are charged directly to the patient and that he or she is personally responsible for payment of all dental services. This office will extend the courtesy of preparing the insurance forms. We will assist in making collections from insurance companies and will credit any such collections to the patient's account if the insurance company sends benefits to the doctor. **Any portion not paid by the insurance is the responsibility of the patient and is due in full at the time services are rendered.** Ultimately, the amount paid by insurance is determined by the insurance carrier based on information that may not be disclosed to our office. **We at no time guarantee what your insurance will or will not pay with each claim**. **Insurance and patient portions are estimates provided as a courtesy. In the event that your insurance carrier pays less than estimated, the unpaid balance is due from the patient.**

Account balances that exceed 90 days will receive a service charge of 1 ½% per month (18% per annum) on the unpaid balance.

I understand that the fee estimate listed for dental care can only be extended for a period of six month from the date of the patient examination.

I have read the above conditions of treatment and agree to their content.

____________________________ ____________________ ______________
Signature Date Relationship

Insurance Patients: Please read and sign below

I authorize release of information to the previously named insurance company/companies.

____
Signature of insured person

I authorize payment directly to Dr. Barney of the Group Insurance Benefits otherwise payable to me.

____
Signature of insured person

Thank you for taking the time to complete our form.
This will help us to be of greater service to you.

KENNETH C. BARNEY, D.D.S.
LVI FELLOW, IAPA FELLOW, AASM, AASDM
EPDS & OKU

WWW.KENBARNEYDDS.COM
Tel: 304-754-8803
Fax: 304-754-8039

ARTISTRY • INTEGRITY • PASSION

101 NORTH MARY STREET
HEDGESVILLE, WV. 25427

Written Financial Policy- Please read carefully

Thank you for choosing Kenneth C. Barney DDS for your dental needs. 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 or Discover Card
- Convenient Monthly Payment Plans[1] from CareCredit
  - Allow you to pay over time
  - No annual fees or pre-payment penalties

Please note:

Dr. Barney requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.[2] Dr. Barney **does not** participate or is in network with any dental insurance company so any balance unpaid by insurance is your responsibility.

Kenneth C Barney DDS charges $35 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)

[1]Subject to credit approval

[2]However, if we do not receive payment from your insurance carrier within 30 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

WWW.KENBARNEYDDS.COM
Tel: 304-754-8803
Fax: 304-754-8039
101 NORTH MARY STREET
HEDGESVILLE, WV. 25427

Missed / No Show Policy

We at Dr. Barney's office put our faith in our patients to keep their scheduled appointments. When we set up an appointment, a specific amount of time is reserved especially for you. Many offices double or even triple book appointments to make up for missed appointments.

However, double booking an appointment does not allow us to give the care and attention needed to provide excellent quality dentistry and for this reason **we choose to not do this.**

We understand that circumstances arise that do not allow you to keep your appointment, if for any reason you must cancel or change your appointment please give our office **at least 48 hours notice** so that we may offer your appointment to someone else.

You may call the office any time even after normal business hours and leave a message or you may send an email to info@kenbarneydds.com

- **Missed or No Show Appointments -** We reserve the right to charge a missed appointment fee of $60.00. This is an out of pocket expense for you that insurance **will not** cover.
- **Late cancellations** – late cancellations are appointments that are cancelled the same day the appointment is scheduled. We reserve the right to charge a $25.00 late cancellation fee.

This policy will not affect the majority of our patients, but must be included to ensure that missed appointments are kept to a minimum. If you have any questions regarding our policy please speak with a staff member and we will be happy to answer all questions.

I have read and understand the above policy, all questions have been answered and I agree to all listed terms.

____________________________________ ______________
Patient or Legal Guardian **PRINTED** name Date

____________________________________ ______________
Patient or Legal Guardian Signature Date

Thank you for taking the time to read our policy
Dr. Kenneth C Barney
101 N. Mary Street – Hedgesville WV 25427
304-754-8803

KENNETH C. BARNEY, D.D.S.
LVI FELLOW, IAPA FELLOW, AASM, AASDM
EPDS & OKU
ARTISTRY • INTEGRITY • PASSION

WWW.KENBARNEYDDS.COM
Tel: 304-754-8803
Fax: 304-754-8039
101 NORTH MARY STREET
HEDGESVILLE, WV. 25427

Patient Name:____________ DOB:____________ Chart:____________

Consent to Text or Email for Appointment Reminders and other Communications:

Patients in our practice may be contacted via email and/or text messaging to remind you of an appointment and or provide other general communication/information. By signing below, I consent to receiving appointment reminders and other communication/information at the cell number and/or email address below.

___________(patient initials) I consent to receive text messaged from Dr. Kenneth C Barney at my cell phone and any number forwarded or transferred to that number or emails to receive communication as stated above.

___________ (patient initials) I **DO NOT** consent to receive text messages from Dr. Kenneth C Barney

The cell phone number that I authorize to receive text messages:

____

The email address that I authorize to receive emails:

____

This practice does not charge for this plan, but standard text messaging rates may apply as provided in your wireless plan (contact your carrier for pricing plans and details).

Please let us know what your preferred method of contact is:

☐ Telephone ☐ Text ☐ Email