

Brian K. Dufner, DMD, PA.

5830 SW HUNTOON ST. | TOPEKA KS, 66604 | (785) 232-1985

Financial Policy

Thank you for choosing Brian K. Dufner, DMD PA. 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**
- **Visa, Mastercard, or Discover**
 - If you are paying with a credit card, your portion will be charged at the time the services are rendered. (Including, Health Savings Accounts.)
- **Convenient Monthly Payment Plans from CareCredit**
 - Allows you to pay over time (up to 12 months with NO INTEREST)
 - No annual fees or pre-payment penalties
 - Must have two valid forms of ID to apply. (This will be kept on file for billing purposes)

Please Note: Care Credit accounts will be charged the patient's estimated portion due, or amount pre-determined by your insurance carrier, at the time services are rendered. If there is an overpayment, your Care Credit account will be credited within 5-7 days of our office receiving your request for a refund.

- **Auto Draft**
 - Allows you to pay in 3 monthly payments, after an initial down payment of ½ (one-half) of the total balance owed.
 - (Down payment is due at the time services are rendered)
 - Drafted automatically from a checking or savings account (1st or 15th of the month)
 - Must provide a voided check, or a copy of a deposit slip from your bank. (Deposit slip must show the account and routing number of the account being debited.)
 - The maximum amount for auto draft is \$1500.00.

Please note: By choosing this option, a credit bureau report may be obtained to rate the borrower's ability to pay. Patient's that choose not to have a copy of their credit report pulled, will not be eligible for this payment option.

Brian K. Dufner, DMD PA 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. **However, if we do not receive payment from your insurance within 30 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.**

Brian K. Dufner, DMD PA charges \$30 for returned checks. (Including returned auto-draft payments)

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

Signature of Patient/Parent or Guardian

Date