



W DENTISTRY

Financial Policy

W Dentistry is committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time.

Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility.

All patients must complete our Patient Information Forms before seeing the dental professional.

Full payment is due at the time of service.

We accept cash, checks, American Express, Visa, Mastercard, Discover and Care Credit.

W Dentistry provides insurance company billing as a courtesy to our patients. The patient portion of dental service(s) is estimated and due at the time of service.

ADULT PATIENTS

Adult patients are responsible for full payment at time of services.

MINORS ACCOMPANIED BY AN ADULT

The adult accompanying a minor, his/her parents or guardians, are responsible for full payment at the time of services.

INSURANCE

W Dentistry provides insurance company billing as a courtesy to our patients. The patient portion of dental service(s) is estimated and due and the time of treatment. This amount may be subjected to adjustment when the dental service(s) claim(s) are adjudicated by the insurance company. In addition, certain insurance companies have annual limitation for the amount of dental services that can be reimbursed within each plan year. If you or your family exceed these annual limitations in a plan year, you will be responsible for the full amount of dental services that exceed the particular plan's limitations. The patient is responsible for monitoring the amount of his/her remaining benefits for any annual benefit period.

The claims that we submit to insurance companies indicate that you have assigned those benefits to W Dentistry. However, if you are paid by the insurance company instead of W Dentistry, you then become responsible for the total account balance and payment would be expected immediately. If you or your family have more than one dental insurance program, we will assist you in obtaining the maximum benefits available. You, as a patient, are always responsible for any charges that are not covered by your insurance.

DELINQUENT PAYMENTS

It is our policy to charge finance fees at 1.5% for outstanding patient balances after the balance has been outstanding 30 days. In addition, all payments returned due to non-sufficient funds will be subject to a NSF fee of \$25.00

MISSED APPOINTMENTS

Unless cancelled at least 48 hours in advance, our policy is to charge for missed appointments at the rate of \$35.00 per each 30 minutes of missed appointment time. Please help us service you better by keeping your scheduled appointment.

Patient/Guardian Signature: _____ Date: _____

