

# WILLOW GLEN DENTAL CARE

## FINANCIAL POLICY

We welcome you to our family of dental care providers and we are committed to your treatment being successful. Please understand that payment of your bill is part of your treatment. The following is a statement of our financial policy, which we require you to read and sign prior to any treatment.

Payment is expected as services are rendered. If you are covered by insurance, we expect payment for deductibles, co-payments and patient portion on the date of service. We accept cash, checks, visa, mastercard, American express and discover. We also offer the care credit payment plan, which allows low monthly payments with prior credit approval.

Please indicate the method or methods of payment you wish to choose to settle your account

Cash

American Express

Visa/Mastercard

Care Credit Plan

Discover

### Regarding Insurance

We are happy to extend the courtesy of billing your insurance company for you. However, in order to provide this service to you, we must have complete insurance information and confirmation of your coverage. If this information is not provided to us in a timely manner, we will be unable to bill your insurance company for you and you will be expected to pay in full for your services rendered. If we have not received payment from your insurance company within 45 days of billing, the balance becomes your responsibility. Your insurance policy is a contract between you and your insurance company and we are not a party to that contract. You will be expected to contact them directly if a problem should arise.

### Usual and Customary Rate

Our practice is committed to providing the best treatment and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. Please keep in mind that we can only estimate what your insurance will pay since each insurance company has their specific limitations and exclusions.

### Billing

For all accounts over 45 days with patient amounts due there will be a \$10.00 billings fee or finance charge of 1.5% per month, whichever is greater. We assign all accounts over 120 days to a collection service for processing. **There will be a charge of \$ 100.00 for canceling an appointment without 24 hour notice or for failing an appointment.**

Should this account become past due, you agree to pay any reasonable additional fees, including all collection agency legal fees and/or court costs necessary to collect this amount.

\_\_\_\_\_  
Patient or Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

