

Wennersten Dental Care Financial Policy

Thank you for choosing us as your dental care provider. Please understand that payment of your bill is considered a part of your treatment.

All patients must complete our Patients Information and Insurance form before seeing the doctor.

- Full Payment is Due at time of Service
- We Accept Cash, Checks, or all major Credit Cards
- We offer extended payment plans with prior credit approval through appropriate lending institutions (CareCredit)

Patients with Dental Insurance:

We accept direct insurance payments from most major dental insurance carriers. We ask that you remember - we have no control over what will be covered or the length of time the insurance company takes to process the claim. Since your dental insurance is a contract between you and your insurance company, if your insurance company has not paid your account in full within 45 days, payment in full of the balance will be your responsibility. Your co-payments (that portion not paid under your insurance plan) and deductible are due at the time of treatment. Dental Insurance is designed to reduce the cost of care, but not eliminate it entirely. Please feel free to discuss your dental insurance coverage with us.

Adult Patients:

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

Minor Patients:

The adult accompanying a minor or parents (or guardian of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, major credit card, or payment by cash or check has been verified at the time of treatment.

Missed Appointment:

The practice realizes that there are many times when you must miss a scheduled appointment due to emergencies or obligations to work or family. The practice does not double book appointment times but rather reserves specific times for each patient to follow for individual care. Due to the large block of time allotted for you, when staff is not notified you may be preventing another patient from getting care they need and utilizing this time frame.

Unless cancelled at least 24 business hours in advance, our policy is to charge \$75 for cancellation/rescheduling and no-show. Please help us serve you better by keeping scheduled appointments and arriving on time.

I Understand that where appropriate, credit bureau reports may be obtained. I have read and agree to Wennersten Dental Care Financial Policy.

X _____
(Signature of Patient or Responsible Party)

(Date)

X _____
(Signature of co-responsible Party)

(Date)