

FINANCIAL POLICY

If you carry dental insurance, we will gladly assist you with your dental claims. As you may be aware, your dental insurance may not cover the full cost of your dental treatment and/or deny treatment benefits completely. In those instances, patients are fully responsible for any amounts not paid via the insurance company. Our practice is committed to the best treatment for our patients and our fees are based on usual and customary for our area. We thank you for allowing us to care for you with your dental care needs.

1. **DENTAL SERVICES:** Full payment or co-payment is due at the time of service for each visit. Forms of payment we accept: Cash; Debit; checks; American Express; Visa & MasterCard. We have a RETURNED CHECK policy of \$25 if this should occur, used to cover bank fees associated with returned checks.
2. **INSURANCE BILLING:** Patients who wish for us to submit to their dental insurance on their behalf must provide us with the necessary & correct information in order to bill your insurance properly. The patient is responsible for full balances that your dental insurance does not pay on your behalf within thirty (30) days from the service visit.

Your insurance is contract between *you and your employer* and/or your insurance company & Walnut Avenue Dentistry is not a party to that contract. Please understand that some, and perhaps all, of the dental services provided may be a non-covered service, depending on your specific dental plan. Co-pays collected are an ESTIMATE ONLY & based on the provisions set forth by your insurance.

Our practice is committed to helping you take advantage of full benefits offered to you & we will do our best to help you maximize any insurance benefits that you may have. You are, however, responsible for any payment regardless of arbitrary determination of usual and customary rates by insurance companies.

3. **IN-HOUSE DENTAL BENEFITS PLAN:** Walnut Avenue Dentistry offers an in-house dental plan that works similar to a dental insurance benefit plan. Patients have there (3) plans to choose: Silver; Gold; Platinum plans, respectively. All plans are a (1) one year contract between Walnut Avenue Dentistry and the Patient. The patient participant will have dental benefits, depending on the participant plan chosen. The patient also benefits from zero waiting periods to treatment and zero maximums. Please speak with Pam regarding which plan may be best suited for you and/or your family.
4. **DENTAL SERVICES FINANCING:** We work with Care Credit to provide affordable dental financing for patients. Upon approval from Care Credit, we will be able to proceed with dental services within your budget & time commitment.
5. **LATE & MISSED APPOINTMENTS:** Patients arriving late to their appointments, may still be accommodated into the schedule if the schedule permits. It may be necessary to reschedule in order to meet the need of those patients who are on time for their pre-reserved visit. Appointments cancelled within 24 hours of the scheduled appointment time will be charged a missed appointment fee of one hundred (\$100) dollars.
6. **FINANCIAL ARRANGEMENTS:** If your account is past due and no arrangements with our office has been made, the account will be turned over to our collection bookkeeper and attorney. There will be additional fees incurred by the patient in such a case. We desire to work with you on these matters.
7. **VIP QUICK PAY:** For balances due, we have a designated program by which we simply maintain you preferred credit card on file with our office to capture any co-payments and balances after your dental insurance has paid its portion. This balance may include deductibles and denials, as well as non-covered services. We offer this as a service to all of our patients. If interested, please fill out the EASY PAY CONSENT below:

Credit Card #: _____ Exp: _____ Patient Signature: _____ Date: _____

By signing below, you understand and agree to our **Financial Policy & Guidelines**. Thank you.

Patient Signature: _____ Date: _____