

WYANDOTTE FAMILY DENTAL

OUR FINANCIAL POLICY

Thank you for choosing Wyandotte Family Dental. 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.

Payment is due in full, on the day services are rendered. This includes all co-pays, deductibles and non-covered office charges. We accept CASH, CHECK, MONEY ORDERS, VISA, MASTERCARD, and DISCOVER. Outside financing is available through Care Credit.

Financing: Care Credit is a flexible patient payment program, specifically designed for healthcare expenses. It makes it easier for you to get the treatment or procedures that you want and need.

Discounts: Patients not covered by insurance are eligible for a discount if they pay for services at time of visit. The current discount is 8% for services over \$200, payable by cash or check.

Senior Courtesy: Patients 65 years or older, not covered by insurance, are eligible for a 10% discount for services rendered and paid for on the day of service.

Returned checks: There is a fee (currently \$35) for any checks returned by the bank.

Credit history: You give us permission to check your credit and employment history. We have the option to report your account status to any credit agencies such as a credit bureau.

Past due accounts: If your account balance becomes past-due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred.

Divorce: In case of divorce or separation, the party responsible for the account prior to divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Minors accompanied by an adult: The adult accompanying a minor to his/her appointment will be responsible for payment in full at the time of service.

Missed or canceled appointments: Patients who do not show up on time for an appointment, or cancel with less than 24 hours notice, may be charged a \$35 fee. The fee must be paid before a new appointment is scheduled.

Regarding insurance: Insurance is a contract between you and your insurance company. Filing insurance claims is a courtesy we extend to our patients. All charges are your responsibility. Please understand that all insurance balances are estimated at the time of treatment and final payment will be determined following insurance settlement. We would never recommend treatment because insurance pays for it, or avoid recommending treatment because it is not covered by your insurance. It is your responsibility to monitor your benefits and annual maximum.

I hereby agree to pay my account as services are provided. I acknowledge and understand that I am responsible for any charges rendered to me or any member of my family. If for any reason there is a balance owing on my account, I agree to pay promptly upon receipt of my statement. I understand and accept the terms and commission of this financial policy.

Responsible Party Signature: _____

Date: _____