

WOOD PARK DENTAL-Financial Policy

Wood Park Dental is committed to providing you with the highest quality of dental care utilizing only the best materials, technology, and education available. In the process of doing so, we have formulated this financial policy which allows us to continue to provide excellent service to you and to minimize our administrative costs.

As a courtesy, we will assist those of you with dental insurance in processing your insurance claims. You may direct your insurance company to pay your benefits directly to our office by signing the authorization of *Assignment of Benefits* on our acquaintance form. In order for our office to file your insurance claim, you must bring any updated insurance to each appointment. **Your estimated co-payment amount is due when the service is provided.**

Patients with no dental insurance or with reduced consumer plans will need to make payment at the time the service is provided. Our office accepts cash, personal checks, MasterCard, Visa, Discover, and American Express. Outside financing is available through Care Credit and approved credit.

All incurred charges are ultimately the responsibility of the patient regardless of insurance coverage. We must emphasize that as your dental provider, our relationship is with you, the patient, and not with your insurance company. Your insurance plan is a contract between you, your employer, and the insurance company. Our office is not a party to that contract or any possible restrictions.

Returned checks and balances older than sixty (60) days will be subject to finance charges at the rate of 2% per month or 24% annually. Additionally, charges will be incurred for broken appointments and cancelled appointments without twenty-four (24) hour notice. We realize that appointments cannot always be kept due to emergencies. However, we reserve time in our schedule *exclusively for you* and when an appointment is missed or cancelled on short notice, that time is permanently lost.

If you have any questions regarding our financial or missed appointment policies, please do not hesitate to ask. We are committed to providing you the most positive experience in dental care.

Signature: _____

Date: _____

Print Name: _____