

## **Ron Wilkins DDS**

### Financial Policy

WELCOME! Our goal is to provide you and your family with optimal dental care. We encourage you to ask questions and to get involved in treatment decisions. This includes understanding your treatment plan as well as your financial options.

#### **Financial Agreement:**

Patients are expected to pay for our services at the time they are rendered, unless prior arrangements have been made. Our patients who have dental insurance are expected to pay the amount of their estimated co-pay and deductible at the time of service.

We accept cash, check, Visa, MasterCard, Discover or American Express. We also offer Care Credit, which is a financing option that is available only for healthcare expenses. We will mail monthly statements to all patients with an outstanding balance. Unpaid balances will be assessed a finance charge of 18% per annum after 30 days. Should collection become necessary, the responsible party agrees to pay an additional 40% collection fee, and all legal fees of collection, with or without suit, including attorney fees and court costs.

#### **Payment Options:**

**Payment at the time of service:** This includes estimated payments by insurance plans and your co-pay. A bookkeeping discount of 5% is extended when payment in full is made by cash or check prior to treatment. Treatment must be in excess of \$300.

**Major Credit Card:** Visa, MasterCard, American Express and Discover are all accepted in our office. No discount applies.

**Care Credit:** Offers extended low monthly payments, based on credit approval. This requires **no down payment** and is a convenient way to pay for larger treatment amounts. No discount applies.

**Pre-payments:** Any pre-payment amount will be accepted as long as the cost of treatment is paid in full prior to the treatment date. No discount applies.

#### **Insurance Information:**

As a courtesy to our insured patients, we submit claims to your insurance company free of charge. Most dental insurance plans do not cover 100% of the cost of your treatment. If insurance has not paid within 45 days of treatment, you will be responsible for payment in full and will be reimbursed when your insurance company pays. Please keep in mind that the dental insurance contract is an agreement between the patient and the insurance company; therefore, the patient is responsible for the bill, regardless of the insurance coverage. Please bring your insurance card with you on your first visit or any time your coverage changes. We will be happy to help you understand your benefits.

#### **Appointments:**

Since our time with our patients is very precious to us and lost time is irretrievable, we must charge for broken appointments when we have not been notified at least 24 hours in advance. Our charge for broken appointments is \$75. Our desire is never to find it necessary to make this charge. Please keep your appointment, we are waiting for you.

[Redacted Signature Line]

Patient Signature

[Redacted Date Line]

Date

[Redacted Printed Name Line]

Printed Name