

# WEST CHESTER CENTER FOR DENTISTRY

## FINANCIAL POLICY

Dear patient:

Thank you for selecting us as your dental health provider. The following information describes our financial policy. Our primary goal is that you receive the optimal treatments needed to restore and maintain your dental health. Therefore, if you have any questions or concerns about our financial policies, please do not hesitate to ask our office manager.

**Payment for services are due at the time services are rendered.** We accept cash, personal checks, Care Credit, and for your convenience Visa, Master Card, Discover, and American Express. We accept assignment of insurance benefits as long as we have complete insurance information. Anticipation of benefits expected is clearly an **estimate**. Your **estimated** co-payment is due at the time your dental treatment is rendered.

1. Your insurance policy is a contract between you, your employer, and the insurance company. **We are not a party to that contract. Our financial relationship is with you, not your insurance company.**
2. All charges are your responsibility whether your insurance company pays or not. Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Fees for these services along with unpaid deductibles and co-payments are due at the time of treatment.
3. If the insurance company does not pay your balance in full within 45 days, we will require you to pay the balance with cash, personal check, Care Credit, or credit card.
4. Accounts of 30 days past due will have an accrued service fee at the rate of 1.5% per month, or 18% annually. If an unforeseen situation should arise that prevents you from making payment in a timely manner, please contact our office to avoid any misunderstanding.
5. Returned checks will have an additional fee of \$35 added to the amount of the returned check.
6. Please help us serve you better by keeping your scheduled appointment. We reserved the specific time and date you requested for your convenience. **A 24-hour business days notice is required if you need to cancel an appointment. An un-canceled appointment will be considered a no show and charged at the rate of a normal office visit (\$50.00).** Multiple missed or un-canceled appointments may result in dismissal from the practice.
7. Small children are not allowed in the clinics while the parent is being treated, it is an OSHA regulation established for your safety as well as theirs.
8. Patients are welcome to keep credits on their accounts for future treatment. If after three years a credit of \$40 or under remains on an inactive account and we are unable to contact you, those funds will remain with *West Chester Center for Dentistry*. Any inactive accounts with a \$40 or higher credit will be turned over to the *State of Ohio Unclaimed Funds Department*.

Our dental practice is committed to excellence. Our goal is to provide the best dental care possible. Please let us know if you have any questions or concerns. We appreciate your confidence in us, and the opportunity to serve you.

Patient's Signature \_\_\_\_\_

Date \_\_\_\_\_