## **Financial Policy**

The following financial policies have been enacted to enable us to continue to provide the highest quality dental care to our patients. We value our relationship with our patients and will be happy to assist you regarding our policies and charges. Please review the following options.

1. Co-payments from patients with insurance coverage are expected at the time of treatment.

2. Patients without insurance coverage are responsible for payment in full at the time of services rendered.

3. We accept all major credit cards: Visa, MasterCard, American Express and Discover.

4. Interest free extended payment plans are available based on credit approval thru Care Credit.

5. Any account not paid in full after 90 days will be sent to our collection service. A collection fee will be assessed once the account is turned over to collections.

## **Insurance**

Providing accurate insurance information will allow us, as a courtesy, to file your claim in a timely manner and to maximize your benefits, but be advised this is an agreement between you and your insurance company. However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment. Ultimately the patient is responsible for all fees for services rendered. Because <u>we cannot guarantee your benefits it is in your best</u> interest to familiarize yourself with the terms of your policy.

I understand that I am financially responsible to Wyoming Family Dentistry any and all fees assessed.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Responsible Party

## **Cancellation Policy**

Your dental needs are a priority therefore, it is important that you keep your dental appointment to maintain optimal dental health. However, we understand there are times when an appointment has to be changed. In order to accommodate other patients and to avoid any unnecessary cancellation fees we require a 24-hour cancellation notice. \_\_\_\_\_ (Initial)

## **Privacy Practices**

Acknowledgement of Privacy Practices

I, \_\_\_\_\_, have received a copy of the office's Privacy Practices.