

# Financial Policy

Thank you for choosing Walnut Creek Dental East for your dental care. We place a high priority on the dental health of our patients and our goal is for you to enjoy the benefits of comfortable, functional and attractive smile. We've found that a clear understanding of our financial policy in advance of your dental care helps to relieve some of the anxiety associated with dental visits. Please read the following carefully and ask us any questions you may have. We will do our best to answer them for you.

## **Patients with insurance:**

Its important to remember that your insurance coverage is a contract between you and your insurance company. Benefits and coverage vary significantly from plan to plan. Please keep in mind that insurance is not designed to provide 100% benefit, but rather is meant to assist you with your investment in dental care. **The cost of treatment is your responsibility regardless of your insurance coverage.**

As a courtesy to our patients, we are happy to submit claims to your insurance company. In order to do this, you must provide us with accurate and up-to-date insurance information. We will verify your coverage before treatment and we will **estimate** the portion insurance will cover and your co-payment including deductibles. This co-payment is due prior to or on the day of treatment unless other arrangements have been made ahead of time. This amount will be an **estimate** only, so there may be an additional balance due after payment from your insurance. **You are responsible for any such remaining balance.**

For your convenience, we accept cash, checks, Visa, Mastercard, Discover, Care Credit, and American Express.

## **Patients without insurance:**

Payment is expected at the time of service unless prior arrangements have been made. As noted above, we accept cash, check, Visa, MC, Discover and American Express. We also accept Care Credit, which is an outside healthcare financing program that has several payment options upon approval. Another convenient alternative is provided through Lending Point. A minimum of 50% of the provided treatment will be due on the day of service and the remainder the following month with a credit card on file.

## **Returned check fees:**

The fee for a returned check is \$35.00 per occurrence. You will not be allowed to write another check until the full amount of the original check, plus the \$35.00 fee are paid in full. Another incident may result in losing the privilege to pay by check at our office.

## **Minor Patients:**

If you have a child under 18, please plan to be present at his or her appointment. If you are unable to attend, please call our office prior to the visit to take care of any necessary financial arrangements. In case of divorced parents, please remember that **the parent bringing the minor child is responsible for payment of the child's treatment, regardless of any custodial decrees.**

## Cancelled/Missed Appointments

We understand that sometimes it is necessary to change your appointment. If you need to reschedule an appointment, please give us at least 2 business days advance notice. Missed appointments are costly for us and may prevent us from assisting another patient. Please be aware that failed appointments, or those cancelled with less than 2 business days' notice, may occur a \$50.00 missed appointment fee.

I have read and understand the above conditions and agree to their content.

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Signature of Patient or Legally Authorized Representative

Date

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Printed Name of Patient or Representative

Date

**WALNUT CREEK DENTAL EAST**

3803 S. Hamilton Rd.

Groveport, OH 43125

614-864-2466

**Consent for Posterior Composite Restorations  
(white fillings in "back teeth")**

It has been explained to me that the fillings that are scheduled to be placed in my back teeth are "white, bonded restorations (fillings)", and it is possible that my insurance company will not cover benefits for these fillings. I understand that my insurance may down grade the white restorations to silver amalgam fillings. In this case my estimated portion may be slighter higher in which I understand it would be my responsibility to pay the difference. I request that these fillings be done in a white, bonded, composite material of the highest, most advanced quality.

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\_\_\_\_\_ Team Member Signature