

West Broad Dental Financial Policy

Please read and initial each line:

_____ MISSED APPOINTMENT FEE: Appointments are reserved for each patient. We ask you that kindly give **24 hours** notice for any schedule changes. Patients who fail to keep their reserved appointment without giving appropriate notice will be charge a \$50 cancellation fee.

_____ FINANCIAL CHARGES FOR INSURED AND NON-INS PATIENTS: WBD accept Cash, Visa, MasterCard, Discover and debit cards. The estimated amount for your dental treatment is due prior to or at the time of treatment. All returned checks are subject to \$25 fee. A valid driver's license is required when paying with a check. All balances over 60 days are subject to interest in the amount of 1.5% per month mandated by State law. We have the option to report your balance with us, to any credit reporting agency and credit bureau. In the event that your account is turned over to a Collection Agency or attorney, you agree to pay all fees including and not limited to Collection Agency Fees (33.33%), attorney fees, court costs.

_____ INSURANCE: As a courtesy to all patients we will verify your dental insurance benefits, but you are responsible to know your plan coverage, exclusions and limitations. The estimated amount not covered by your insurance is due prior to or at the time of treatment. Dental estimates are not a guarantee of payment and are subject to final approval by your dental insurance plan; therefore the amount due is subject to change after final explanation of benefits have been paid. If insurance denies benefits for patient's treatment for any reason, the patient is financially responsible for all charges and for outstanding balance on the account.

_____ RESIN – BASED COMPOSITE RESTORATIONS (Fillings): Most dental insurance plans do not allow full benefits for composites (white color fillings) performed on posterior teeth (back molars). The plan benefits will customarily pay for less expensive treatment – AMALGAM (silver/mercury based restoration). We recommend and use only composite – based (“white”) fillings. The difference depends on your Dental Insurance fee, and it is usually \$40 – \$70 per filling and the patient is responsible for the difference in cost. Please ask Dr. Nieto if you need more information about composite – based “white” fillings.

_____ DOWN PAYMENT: A down payment is required before scheduling any Surgical Procedure, including but not limited to; Crown Lengthening, Sinus Lifts, Implant Placements, Osseous surgery, etc. The down payment will equal to 25% of the patients responsibility portion of The Surgery.

_____ TRANSFERRING RECORDS: We need at least 3 business days in advance to prepare your records to be transferred. Accounts should be free from any outstanding balance. No fees charged for e-mailed x-rays. Multiple x-rays can be printed on a CD for the cost of \$40.

This is an Agreement between West Broad Dental, as a provider of professional services and creditor, and the Patient/debtor named on this form. By reading and signing this Agreement, you are agreeing and accepting this Policy in full. We thank you in advance for your cooperation in these matters.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION; ALL MY QUESTIONS WERE ANSWERED TO MY SATISFACTION; I UNDERSTAND AND AGREE TO ALL POLICIES OF WEST BROAD DENTAL.

PATIENT'S NAME: _____

SIGNATURE: _____
(Legal guardian if minor)

DATE : _____