



Weichel Dental Credit Policy

In the interest of good health care practice, it is desirable to establish a policy to avoid misunderstandings. Our primary responsibility is to help patients experience good dental health, and we wish to spend our time and energy toward that end. Therefore, we wish to clarify the following:

Appointments

In order to be able to provide quality care when you need it, we ask that you call to notify us at least 24 hours in advance of any appointment that you are unable to keep. A charge may be made to your account for missed appointments or for cancellations made with less than 24 hour notice.

Payment

All accounts are due and payable at the time of your visit, unless other arrangements have been made with our office. On accounts which have established arrangements, payment is due upon receipt of the monthly statement. Interest will accrue on unpaid balances after 90 days at the rate of 18 percent annually. Accounts which become delinquent may be subject to collection activity. Non-sufficient funds (NSF) checks will be subject to a \$25.00 fee.

Insurance

Insurance reimbursement is a contract between you and your dental insurance carrier. You are responsible for payment of your account within the usual limits of our credit policy. If you have an insurance claim pending, you will receive a statement each month for the outstanding balance of your account.

Our office is happy to help you file a claim to your dental insurance carrier to receive the benefits for which you and your employer are paying premiums. Our office does not send claims to medical insurance carriers. Dental benefit plans vary from company to company, and some procedures may not be covered. Insurance companies base the amounts that they will pay toward your dental treatment on restricted fee schedules related to premium payments and geographical location. In other words, your insurance plan will pay only what it allows for each service, regardless of what the actual fee might be. The required payment of deductibles and co-payments is strictly regulated by State law. If these are not collected, both our office and you as the policy beneficiary can be prosecuted. Your Employee Benefits Director can usually help you become familiar with your plan and its restrictions. Our office will assist you in maximizing your benefits, but we cannot accept responsibility for collecting from insurance or negotiating a disputed claim.

I have read and accept the credit policy terms outlined above. I hereby authorize payment directly to the dental office of the insurance benefits otherwise payable to me. I understand that I am ultimately responsible for all costs of dental treatment. I agree that in the event additional costs and/or fees are incurred in connection with the collection of my account(s), I will pay all such costs and fees, including collection costs, attorney fees, and all court costs. I grant the right to the dentist to release my dental/medical histories and other information about my dental treatment to third party payers.

Signature of Patient, Guardian or Insured

Date