

Woodstock Dentistry

Brian D. Sass, DMD PC

Payment Policy Acknowledgement

We are committed to providing you with the best possible dental care. If you have dental insurance, we will work with you to ensure you maximize your benefits. In order to achieve these goals we need your assistance and your understanding of our payment policies.

PAYMENT OPTIONS

We accept the following major credit/debit cards: *Visa, MasterCard and Discover.*

While we do not offer in-house payment plans, we do offer CareCredit. This plan requires your approved credit. There is no application fee. This arrangement must be made **prior** to treatment.

A 5% savings on **uninsured** treatment will be extended for care that is paid in full at time of service with cash or a check.

Insurance

We make every attempt to estimate your co-pay prior to service. Payment of your deductible and the estimated portion your insurance does not cover is expected at time of treatment. We will provide insurance billing for primary and secondary companies as a service to you. However, if there is no payment from your insurance company in our office within 45 days, you are responsible for the balance in full at that time. Your insurance policy is a contract between you and that insurance company. We are not able to negotiate with your insurance company on your behalf.

Usual and Customary Rates

We charge what is usual and customary for our area. Please be aware that **some of the services we provide may not be covered by your dental plan.** You are responsible for payment regardless of your insurance company's exclusions and fee schedule.

Billing and Associated Fees

Patients refusing to provide social security numbers must pay for treatment in full on date of service. Accounts in collections or bankruptcy proceedings must pay for treatment in full on date of service. If it is necessary for us to send a second statement a \$5.00 rebilling fee will be applied. Any balances unpaid after 60 days will be subject to interest equal to 1.5% per month (18% per annum). Checks returned for NSF (non-sufficient funds) will be charged \$35.00. Account balances over 90 days will be subject to collections. A collection fee of \$150.00 will be applied.

Missed Appointments

When you schedule an appointment we reserve that time especially for you. If you are late or do not show we are unable to provide your needed treatment and the staff does not have a patient to care for. Therefore, we reserve the right to charge a cancellation fee. **A fee of \$50.00 for each hour of scheduled time will be placed on your account for any missed or cancelled appointments without one full business day's notice.** Business days are Monday through Thursday. Multiple missed appointments or short notice cancellations will result in an end to our ability to successfully provide you with ongoing dental care.

Appointments Requiring Deposits

Scheduled appointments over two hours require a 25% deposit of the total treatment fee, due at the time of scheduling. This deposit is refundable if you need to cancel your appointment. We require the cancellation be made one week prior to the scheduled appointment. If the cancellation is less than one week this deposit is non-refundable. This deposit will apply to your out-of-pocket expense after the appointment is complete. Any remaining credit will be refunded after insurance has paid.

Minor Patients

If a minor is not accompanied by their parent/guardian, arrangements for payment must be made prior to the appointment.

I have read the Payment Policy and understand that as a patient or parent/guardian of a minor patient I agree to pay for all services rendered in accordance with the terms and conditions set forth in the financial policy of this office as stated above.

Patient or Responsible Party (Please sign)

Date