

## FINANCIAL POLICY

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Thank you for choosing us to provide your dental care. We place a high priority on the dental health of our Guests and our goal is for you to enjoy the benefits of a 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 might have. We will do our best to answer them for you.

### Guests with Insurance:

It's important to remember that your insurance coverage is a contract between you and your insurance company. Benefits and coverage can vary significantly from plan to plan. Keep in mind that insurance is not designed to provide a 100% dental 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, we submit claims to your insurance company. In order to do this, we need 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 any co-pays or deductibles. Co-payment is due on the day of treatment. This amount will be an estimate only, so there may be an additional balance due after payment from your insurance company. You are responsible for any such remaining balance.

For your convenience, we accept cash, checks, all major credit cards, Care Credit and Lending Club Patient Solutions. Due to insurance companies' pre-arranged contracted discounts with our office, we are unable to honor DHCC, cash, senior or veteran discounts for our insured Guests.

### Guests without Insurance:

Payment is expected at the time of service unless *prior* financial arrangements have been made. We accept cash, checks, all major credit cards and Care Credit & Lending Club Patient Solutions, which are outside healthcare financing programs that offer payment plans upon approval.

For Guests whose total charges exceed \$500, we also may offer "in-house" financing arrangements. These arrangements must be made in advance of treatment being provided.

- You can elect to pay 50% of your treatment cost on the day of service and the remaining 50% within 30 days. This requires you to provide credit/debit card information to enable us to process the second payment. *Interest will not be assessed for this option.*
- You can elect to pay 1/3 of your treatment cost on the day of service, 1/3 in 30 days and the final 1/3 in 60 days. Interest of 1.5% per month (18% per year) will be assessed for this option.
- You also can elect to pay your balance in 6 monthly installments. An interest rate of 1.5% per month (18% per year) will be assessed. Payments will be accepted only by debit/credit cards or via electronic transfer of funds (ACH) from a checking/savings account.

Statements will be sent monthly as a reminder. However, *it is your responsibility to plan ahead for debit/credit card transactions we process.* A late fee of \$20.00 per occurrence will be assessed to your account if scheduled amounts are not paid by the due date.

If a suit or action is required to enforce the terms of this Agreement, WSD shall be entitled to recover its attorney fees and costs incurred, including at trial and on appeal. You will also be responsible for any attorney fees and costs incurred even if no suit or action is filed. Any unpaid balance will be charged interest at the rate of eighteen percent (18%) per annum (1.5% per month) from the date of service until paid.

**Discounts:**

- Cash discount: We offer a 5% discount for payment in full made by cash or check.
- Senior discount: We offer a 5% discount to our Guests over 65.
- Military/Veterans discount: We are pleased to honor those who have served our country with a 10% discount.

**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 (the original amount plus the \$35.00 fee) is paid. Another incident may result in losing the privilege of paying by check again.

**Minors:**

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 the 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.

**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 48 hours advance notice. Missed appointments are costly for us all and may prevent us from assisting another guest. Please be aware that failed appointments, or those cancelled with less than 48 hours notice, may incur a \$50.00 missed appointment fee. A pattern of missed appointments and/or late cancellations may result in dismissal.

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

\_\_\_\_\_  
Signature of Guest or Legally Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Guest or Representative

\_\_\_\_\_  
Relationship to Guest