

Eric N. Wenzel D.D.S., P.S.

Financial Policy

Dear Patient,

Thank you for choosing us as your dental care provider. Our office is committed to providing you with the best of dental care. In order to achieve this goal, we need your cooperation as well as your understanding of our financial policy.

We ask that all patients read and sign our financial policy as well as complete our patient information form prior to seeing the doctor.

Payment for services is due at the time services are rendered. We gladly accept Check's, American Express, Visa, Master Card, Discover Card, American Express and Cash. Third party financing is available through *Care Credit* which offers interest free loans of 3, 6, 12, and 24 months dependent upon the amount needed and the monthly payments you can make. Please inquire with the front office for details and an application.

For those with dental insurance:

1. Your insurance policy is a contract between you, your employer and the insurance company. We ordinarily are NOT a party to that contract. In general, our relationship is with you, NOT your insurance company.
2. All charges are your responsibility whether your insurance company pays or not. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Whatever balance your insurance company does not pay will be your responsibility. Any credit you have on account will be either be returned or applied to future treatment.
3. As a service to you our office will submit dental claims directly to your insurance company electronically on the day that service is provided.
4. If the insurance company does not pay your balance in full within 30 days, we ask that you contact the carrier to help speed things up.
5. If the insurance company does not pay in full within 45 days, we require you to pay the balance due within 10 days.
6. Please be advised to monitor the use of your benefits so you will know when you exceed your maximum annual benefits for the term of your policy.
7. If your insurance is terminated or your coverage changes to another carrier, you must notify us promptly.

We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account. Returned checks and balances older than ninety (90) days may be turned over to our attorney and our collection agency. Additional collection fees of up to 1.5% and compounded interest charges will be applied to your account.

Please note that, unless canceled at least 24 hours in advance, you may be charged for missed appointments \$50.00 or a fee in accordance with your dental plan. Please call as soon as possible if you have to reschedule.

Again, thank you for choosing Dr. Eric Wenzel as your dental care provider. If you have any questions or concerns about our payment policies, please do not hesitate to ask our office manager. We appreciate your trust in us and we appreciate the opportunity to serve you.

PATIENT SIGNATURE: _____ DATE: _____

The adult, parent(s), or legal guardian accompanying a minor child are responsible for the family's portion, not covered by any Dental Benefits you may have at the time services are rendered.