

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

## *Financial Policy*

Thank you for choosing Eric Wenzel D.D.S., P.S. as your dental care provider. Our office is committed to providing you with exceptional comprehensive dental care. To achieve this goal, we need your cooperation as well as your understanding of our financial policy.

**Payment for services is due at the time services are rendered.** We accept checks, cash, credit cards (American Express, Visa, Master Card, Discover Card) and third-party financing. Third-party financing is available through *Care Credit*, which offers interest-free loans dependent upon the amount needed and the monthly payments you can afford. Please inquire if you are interested in third-party financing.

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. Balances older than ninety (90) days may be turned over to a collection agency/Attorney and, additionally, collection fees of up to 3% and interest charges will be applied to your account.

Please note that, unless canceled at least 24 hours in advance, you may be charged \$75 for missed appointments. Please call as soon as possible if you must reschedule.

The parent(s) or legal guardian accompanying a minor child are responsible for the family member's portion.

*For those with dental insurance:*

1. All charges for services rendered are your responsibility. Not all services rendered are a covered benefit. Therefore, any balance your insurance company does not pay will be your responsibility.
2. Any overpayment will be credited to your account or refunded.
3. If the insurance company does not pay in full within 90 days, we require you to pay the balance due within 10 days.
4. 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.
5. If your insurance is terminated or coverage changes, you must notify us promptly.

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: \_\_\_\_\_