



## Financial Policy - Patient Responsibility Notice

Thank you for choosing Wolter Advanced Dental Care for your dental needs! Our primary mission is to deliver the best and most comprehensive dental care available. An important part of our mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

### **PAYMENT OPTIONS:**

- We accept CASH, CHECK, or CREDIT CARD.
- We offer a 5% courtesy accounting adjustment to patients with a treatment plan over \$1000 who pay with cash or check upon the start of or before treatment.
- Payment plans are available from *Care Credit*:
  - Allows you to pay over a set time with NO INTEREST
  - Allows you to pay over a longer time period with some interest
  - Offers convenient, low monthly payment plans
  - Has no annual fees or pre-payment penalties

### **PLEASE NOTE:**

Our office requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your case will be reviewed to determine the refund due. If you have dental insurance we are more than happy to help in the filing process.

If you have dental insurance, please be aware that insurance quotes are an ESTIMATE only. Coverage may be different if your deductible has not been met, annual maximum has been met, or if your coverage table is lower than average.

I understand that I am responsible to pay all co-payments and co-insurances at the time of service, prior to leaving.

If my insurance determines that I have not met my deductible, I understand that I will be fully responsible for payment in a timely manner, no more than 30 days after I have been notified by my insurance and/or provider. I acknowledge that I assume full financial responsibility for services rendered to me, if my insurance carrier denies or does not cover my claim for these services. I understand the terms of this form and accept financial responsibility with or without the use of insurance coverage.

There is a \$30.00 fee for returned checks, and the patient's payment options will be adjusted.

By signing, you acknowledge your understanding of our financial policy and patient responsibility notice.

If you have any questions, please do not hesitate to ask. We are here to ensure that you receive the high quality dental care you deserve.