



Financial and Cancellation Policy

Welcome! Our goal is to provide you with optimal dental care. We want you to feel welcome and as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our financial policy.

Appointments:

To serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel at the last minute. **For appointments missed, canceled, or rescheduled with less than 48 business hours notice; there will be a \$52 per hour of scheduled time charged for the appointment. After 1 missed scheduled surgical appointment, we will require a 25% non-refundable deposit prior to re-scheduling your appointment.**

Financial Agreement:

Patients are expected to pay for our services at the time they are rendered. Our patients who have dental insurance are expected to pay the amount of their estimated portion at the time of service. **You are responsible for all treatment not covered by your insurance.** We will mail monthly statements to all patients with an outstanding balance.

Payment Options:

- 1. Full pay Cash/ Check discount:** We offer a 10% accounting courtesy to patients without insurance who pay with check/cash for treatment that is paid in full prior to or on the date of services being performed.
- 2. Credit Card:** We accept all credit cards including FSA and HSA cards although no discount will be given if you choose this option.
- 3. Term Loan:** Financial arrangements with **CareCredit®** we can offer patients upon approval, an interest-free term loan (up to 12 months) with no down payment, no annual fee and no prepayment penalty. **Scan the QR Code**

Insurance Information:

Westpark Periodontics & Implant Dentistry is **in-network** with Delta Dental, we will submit all claims for your dental plan. We are considered **out of network** for all other dental insurance. We do not accept Medicaid.

Our doctors will diagnose treatment based on your dental health needs not based off your insurance coverage.

Please indicate your understanding and acceptance of the financial and cancellation policies by signing below.

Signature _____

Printed Name _____

Date _____