



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, cancelled, or rescheduled:**

- Less than 48 business hours' notice will be a charge of \$52 per hour of scheduled time for hygiene appointments.**
- There will be a charge of 10% of the patient portion for missed or rescheduled surgery appointments for less than 72 business hours' notice.**

Financial Agreement:

Patients should expect to pay for our services at the time services are rendered. Our patients who have dental insurance should expect to pay the amount of their estimated portion at the time of service.

You are responsible for all costs not covered by your insurance. We will mail monthly statements to all patients with an outstanding balance.

Credit Card: We accept all credit cards including FSA and HSA cards. A 3% fee will be charged to cover the additional costs associated with processing credit card transactions.

Alternative payment options that do not incur the 3% charge:

Cash

Check

Debit Card

CareCredit

CareCredit is a line of credit that we offer to assist you in covering your dental healthcare costs when insurance and other forms of payment are not available.

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. 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 these financial/cancellation policies by signing below.

Printed Name: _____

Date: _____

Signature: _____