



WESTTOWN DENTAL ASSOCIATES

FINANCIAL AND OFFICE POLICY

1. Differences between the total fee (allowed fee for PPO's) and the amount paid by the insurance carrier are the responsibility of the patient/guardian.
2. Payment for services is due upon completion of treatment.
3. Our office does not extend payment plans. Any patient that requires a payment plan must make arrangements through Care Credit or use a credit card.
4. A 2% interest charge will be applied to ALL accounts over 30 days (24% annually). In the event of default, patient is required to pay legal interest on the indebtedness, together with such collection costs and reasonable attorney fees as may be required to affect collection of the full balance due.
5. There is a record transfer fee of \$25.00 per person and \$50.00 per family. This fee offsets the cost of x-ray duplication, treatment progress notes copying, labor and mailing.
6. Senior Citizen Discount (10%) will be extended upon request for anyone over 65 years of age if they do not have dental insurance coverage.
7. Children of divorced parents must be accompanied to our office for treatment by the financially responsible parent. In the case whereby distance makes this impossible, the adult accompanying the child shall sign the financial responsibility agreement and agree to pay our office and thereby assume the responsibility to collect any monies due from their ex-spouse. There are no exceptions. If this is unacceptable, then no treatment will be rendered.
8. There is a \$40.00 fee for all returned checks.
9. If an account goes to collections due to a delinquency, a **CASH ONLY** policy shall be instituted. All **CASH ONLY** accounts shall pay prior to any and all treatment, and the patient must handle his/her own insurance submission. Our office will provide a receipt and the patient may submit for reimbursement. Once **CASH ONLY** policy is instituted it shall remain permanent.
10. Our office does not over book appointments. The appointment time is reserved only for you. Therefore, after one failed or broken appointment, a \$50.00 fee shall be charged if 24 hour notice is not given.
11. Minors must be accompanied by a parent for each visit and the parent must remain in the office for the duration of the appointment.

SIGNATURE _____ DATE _____