



## WRITTEN FINANCIAL POLICY

Thank you for choosing East Wichita Dentist. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

### Payment Options

You can choose from:

-Cash, Check, Visa, MasterCard, American Express, Discover Card, or Care Credit

(We offer a 5% discount to those patients who pay for their treatment in full up front with cash or check)

### Please note:

East Wichita Dentist requires payment at the beginning of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For all treatment plans a 20% deposit is required to secure your treatment appointment.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. If the insurance does not pay as expected by our estimate you agree to be responsible for any balance due. If we do not receive payment from your insurance carrier within 90 days, you will be responsible for your treatment fees and collection of your benefits directly from your insurance carrier.

If your account becomes 90 days past due, the account may be handed over to an outside collections agency. You agree to be responsible for all costs of the collection process, as well as your portion of the dental services provided to you.

I understand if I miss my appointment or cancel with less than 24-48 hours' notice (depending on length of the appointment) I will either be charged \$50.00 missed appointment fee or may be charged my full deposit.

East Wichita Dentist charges \$35.00 for returned checks.

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Patient, parent or Guardian Signature

Date

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Patient Name (please print)