

FINANCIAL POLICY FOR The Fine Art of Family Dentistry, PA Lynn R. Wuthnow, DDS

Thank you for selecting us as your dental health care provider. The following information describes our Financial Policy. Our primary goal is that you receive the optimal treatments needed to restore and maintain your dental health. Therefore, if you have any questions or concerns about our financial policies, please do not hesitate to ask our front office manager.

Options for Payment of Services(Payment is due at time of service rendered)

1. *Cash or check with a 5% fee reduction (bookkeeping reduction) if paid at the initial visit for treatment over \$300.
2. *Credit Card (MasterCard, Visa, American Express or Discover Card). (Monthly Credit Card Authorization is an option)
3. *NO INTEREST Payment Plans from CareCredit (subject to credit approval)
**Previous responsible party balances must be paid in full prior to receiving additional services, except in the case of an emergency.*
**Responsible party is defined as the recipient of care in the case of one individual, one person designated to handle financial arrangements in a family; or in a blended family, the individual primarily involved in bringing the child to appointments and scheduling additional appointments.*

Patients with Dental Insurance

- | |
|--|
| <ol style="list-style-type: none">1. Extensive treatment will require preauthorization and you will be responsible for paying your estimated portion at the time of service.2. Previous responsible party balances must be paid in full prior to receiving additional services, except in the case of an emergency. |
|--|

3. We accept dental insurance assignments, with the understanding that any uninsured portion that is not covered by your dental plan is to be paid by you at the time of service. Your dental insurance coverage is based on the policy or contract you have. Depending on your specific policy, your dental insurance plan may not cover fully on our office dental fees for services rendered. *Please remember the ultimate financial responsibility is yours.*

In the unlikely event that your balance does not get paid, your account will be turned over to a collection lawyer, conciliation court or collection agency..

Thank you for choosing us as your health care provider. We appreciate your confidence in us and the opportunity to serve you.

Patient Name

Date signed

Signature of Responsible Party

(updated 3/13)