

FINANCIAL OPTIONS

In order to provide you with the highest quality dental care, we offer our patients a variety of payment options.

By establishing a clearly defined method of payment, we hope to eliminate confusion, simplify insurance claims, and provide more thorough coverage for our patients.

So that we will both have a definite understanding, please select the payment plan that is most appropriate for you.

1. **5% ACCOUNTING REDUCTION**

With payment of check, cash, or credit card a 5% accounting reduction will be extended to our patients when fees are paid at time of service.

2. **MAJOR CREDIT CARDS**

We accept Visa, Master Card, Discover & American Express.

3. **EXTENDED PAYMENT PLAN (PROFESSIONAL LENDING INST.)**

Extended monthly payments, based on credit approval with Care Credit.

For our patients with dental insurance, our professional services are rendered to you, not to your insurance company. Therefore, you are directly responsible to us for payment of treatment. As a courtesy, we do accept assignment of benefit payments from your insurance company. This will reduce your immediate out-of-pocket expenditures. We will do our utmost to help you derive the maximum benefits to which you are entitled.

The insurance estimates we give you are based on limited information obtained from your insurance company. If we need more detailed information on your benefits, to file your claim, you will need to provide that to us.

Insurance companies calculate their payment on the contract signed with your employer, not on the doctor's fees.

This office will not file an insurance claim which falsifies dates of treatment, fees charged, treatment performed, or any other information.

We realize that emergencies can occur. Should an unforeseen situation prevent you from making a pre-arranged payment, please contact our office to avoid the possibility of a misunderstanding.

Please help us serve you and our other patients better by keeping scheduled appointments. Appointments that are missed or changed at the last minute are then unavailable to patients who need appointments.

NO-SHOW OR LATE CANCELLATIONS

If a 48-hour courtesy notice is not given, a \$50.00 fee will be charged.

Thank you for taking the time to read and understand our financial options. Please feel free to ask any questions you may have. We look forward to providing you with the highest level of professional care.

WALLA WALLA DENTAL CARE

Patient Signature of Acknowledgement