



Financial Agreement

Thank you for choosing Whiting Dental as your dental care provider. We strive to provide the highest quality of care to all of our patients, and we want all of our patients to comfortably afford their dental care. We ask that all patients read, initial and sign our financial policies prior to seeing the doctor. If you have any questions or concerns, please ask any member of our team.

Please initial each line

_____ Payments for services are due at the time services are rendered. We do not extend payments unless prior arrangements have been made by our office Manager. If you have dental insurance, we will be happy to estimate the portion that insurance may pay and submit it to the insurance company as a courtesy to you. We will collect only the patient portion that we estimate, however, you the patient, are responsible for any amount the insurance does not pay us within 45 days.

_____ Your insurance policy is a contract between you and your insurance company. Our relationship is with you, not your insurance company. We will work with you to help maximize your dental benefit. Please understand that insurance companies are a business and they often make it difficult for us to get payments. When we call and get dental benefits we are dealing with a person who can make mistakes or send a fax which doesn't always give us all the information needed. We will do our best to be accurate. We will not be responsible for any estimation errors.

_____ There is a \$25.00 fee for any returned check.

_____ We do accept cash, Visa, MasterCard, American Express, Discover and CareCredit.

_____ Care Credit is an outside finance company that you can apply for a line of credit. They can offer 6-18 months 0% financing depending on the amount financed. They offer several options for smaller payments and can be used by any member of your family. Whiting Dental offers this kind of financing option as a courtesy. We want to help our patients get their dental work completed so they can maintain optimal oral health.

_____ In-House Financing is an option where we can keep your credit card information stored securely and can automatically run your payment on a designated date for up to 3 months. This is only valid for treatment over \$500.00. There is an in office finance charge of \$25.00 for processing.

_____ 1.5% finance charge will be added to any account over 60 days without prior arrangement. In the event your account is turned over to a collection agency for non-payment or other delinquency, you will be responsible for payment of any collection costs and / or attorney fees, in addition to the balance owed.

_____ When our patients make an appointment, we reserve the providers time and room for that patient. If you cannot keep an appointment, please give us 24 hours notice so that we can offer that time to another patient. We reserve the right to charge a \$47.00 fee for any cancelled, missed or rescheduled appointment that was not within 24 hours of the appointment. We do understand emergencies happen and we usually do our best to waive the first occurrence.

Thank you for choosing us as your healthcare provider.

Patient Signature _____ Date _____