

OUR FINANCIAL POLICY

Thank you for choosing our office for your dental needs. We are committed to providing our patients with the best possible treatment and service. The following is a statement of our financial policy which we request that you read, agree to and sign prior to any treatment. A copy of this policy will be given to you if requested.

- Payment is due at the time of service.
- For your convenience we accept, Visa, MasterCard, CareCredit®, personal checks and cash.
- As a courtesy to our patients, we also accept assignment of insurance benefits.

REGARDING INSURANCE ASSIGNMENT

The balance is your responsibility, whether your insurance company pays or not. We cannot bill your insurance unless you provide all insurance information. Your insurance benefit is a private contract between you and your insurance company and Wilbraham Family Dentistry is not a party to that contract. The estimate provided by this office is a guideline and we appreciate the patient's co-payment made on day of service. Claims are submitted promptly after treatment is rendered.

MISSED APPOINTMENTS

No charge will be made for rescheduling an appointment provided 24-hour notice is given. Please remember that your appointment time has been reserved for you.

FINANCIAL CONSENT

The patient (or guardian) agrees to be fully responsible for total payment of procedures performed at this office, including any treatment not a benefit of any insurance.

I certify that I have read, understood and agree to this policy.

Signature: _____ Date: _____