WESTMOUNT DENTAL OFFICE AGREEMENT

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require that you read and sign prior to any treatment.

PAYMENT:

We are a non-assignment office, which means we do not receive payments directly from the insurance companies in the majority of situations. We can do assignment if needed.

Therefore; FULL PAYMENT is due at the time of service. If insurance benefits apply, ESTIMATED PATIENT CO-PAYMENTS and DEDUCTIBLES are due at the time of service.

INSURANCE:

Please remember your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a courtesy to you, our office provides certain services, including a pre-treatment estimate which we are able to send to your insurance company at your request.

If a collection agency becomes involved in the settlement of your account, all the collection costs and legal fees for both parties are the responsibility of the account holder.

MISSED & CANCELLED APPOINTMENTS:

We require 48 business hours in advance for any cancellations or rescheduling. Otherwise, Short notice cancellations fees of $50 may apply. Please help us serve you better by keeping to your scheduled appointments.

PAYMENT OPTIONS:

For your own convivence we accept Cash, Debit, Visa, and MasterCard and e- transfers.

FINANCING:

If you are planning to do a major dental treatment and require financing, please contact our front desk. In certain circumstances we do offer payment plans. This typically applies to orthodontics (Invisalign), or major restorative work such as implants. Also, you can seek third party financing.

Please indicate your understanding and acceptance of these financial policies by signing below.

Patient's name _____Date_____

Patient, Guardian, or Guarantor's Signature_____ Date_____