

FINANCIAL POLICY/PATIENT TREATMENT

Thank you for choosing our office as your dental healthcare provider. We are committed to providing you with the highest quality lifetime dental care, so that you may attain optimum oral health. The following is a statement of our Financial Policy, which we require that you read, agree to and sign prior to any treatment.

PAYMENT TYPES ACCEPTED

Our office accepts the following forms of payment:

- Most Major **Credit Cards**
- **Local checks:** Checks will be accepted with a proof of driver's license of the person writing the check. A \$25 service charge will be charged for all returned checks.
- **Care Credit:** No interest plans are available through this outside financing. You may apply for financing at **CareCredit.com** or someone in our office can assist you with this. We accept this for large treatment plan. If you may be interested in this option, please speak with Tara for details.
- **SmileMore Dental Savings Plan** – You don't need dental insurance to receive the highest quality of care at affordable prices. For a low annual fee, you'll enjoy substantial savings on dental services by enrolling in the SmileMore Dental Savings Plan. Please ask our front desk staff for details or follow this link for more details: <https://www.smilemoredsp.com/dentists/kelley-j-wimmer-dds/>

Please understand that beginning the first day of the month following your balance becoming **sixty (60)** days past due, a finance charge of (18%) will be assessed to any unpaid balance. Also there will be a billing charge of \$2.00 for statements sent after the first one. In the case of default on payment of this account, the responsible party agrees to pay collection costs and reasonable attorney fees incurred in attempting to collect on this amount or any future outstanding account balances.

CANCELLATION/NO-SHOWED APPOINTMENTS

Our goal is to provide treatment in a timely manner. In order to provide the best services to our patients, we require 24 hour notice for cancellations or for re-scheduling your appointment. We understand that unforeseen circumstances may arise, which may result in cancelling or missing your appointment. A charge may be assessed for multiple missed, short notice or cancelled appointments. Multiple failed appointments may result in being dismissed from the dental practice.

I accept full financial responsibility for this account and for all dentistry performed upon my dependents in this dental office. Any insurance estimate or information given to me by this office is not a guarantee of actual insurance payment. I also understand that any insurance claim not paid in full after 60 days will become my financial responsibility to pay at that time.

Signature _____ Staff Signature _____ Date _____

WELCOME TO OUR PRACTICE!