

Dr. John A. Weierbach's Financial Policy

PAYMENTS: Unless other arrangements are approved by us in writing, the balance on your account is due and payable when services are rendered.

DENTAL INSURANCE: Dental Insurance is a contract between you, your employer and your insurance company. We are NOT a party to this contract. Payment is required at the time of service, as a courtesy to you we will bill your insurance and they will *provide reimbursement directly to you*. Although we may be able to obtain and estimate of what your insurance may pay, it is the insurance company that makes the final determination of your eligibility and payment.

MISSED APPOINTMENT FEE: We make every effort to schedule appointments at your convenience and also remind you of your appointment in advance. We do require 24 hour notice (one business day) if you are unable to keep your appointment so we may accommodate the needs of another patient. You may be charged a \$50 cancellation fee if proper notice is not given. This fee must be paid before another appointment is scheduled.

PAYMENT OPTIONS: You can choose to pay by cash, check, or credit card. We accept Visa and Master Card. Treatment involving Sleep Apnea or TMJ appliances, we require a minimum payment of 50% on the preparation date and the balance upon delivery. For cases involving major restorative treatment plans, we do offer several payment options and we also participate with a finance company offering up to 12 months with no interest and interest options for extended payment plans. Ask the front desk for more information.

PAST DUE ACCOUNTS: If an invoice remains unpaid for a period of over 90, cost of collections of your past due account may be added to your balance. This includes, but is not limited to attorney fees, collection processing and collection recovery cost. Accounts past due are charged a finance charge at the rate of 1% per month (or an APR of 12%)

RETURNED CHECKS: There is a minimum of \$30 for any check returned by the bank depending on the fees charged to us by the bank.

By signing the agreement, you understand and agree to all of the terms and conditions contained herein and realize this agreement will be in full force. All questions were answered to your satisfaction.

Person Responsible for the Account: _____

Relationship: Self _____ Parent or Guardian _____

Signature: _____ Date: _____

Staff Signature: _____ Date: _____

