

Financial and Appointment Policy

Thank you for choosing Weininger Family Dentistry as your dental healthcare provider. Our primary mission is to deliver the best and most comprehensive dental care available. We are committed to providing every patient with exceptional care to help you achieve total oral health. The following is a statement of our Financial and Appointment Policies, which we require that you read, agree to and sign prior to any treatment.

Before treatment is performed, we will discuss treatment and financial options. This will allow you to fully understand your dental treatment, what to anticipate in fees and allow you time to make the necessary financial arrangements.

* We accept all major dental insurances, however, we are not an in network provider, as we do not participate in any insurance networks. We are eager to help you receive your maximum allowable benefits. It is your responsibility to know and understand your insurance coverage. We will submit insurance claims as a courtesy to you, however, the contract exists between the patient/insured and the insurance company and our office is not a party in that contract. We will estimate your portion based on the standard rate of pay by insurance, but it is only an estimate and not a guarantee of payment. All estimated portions are due on the date that services are rendered. Any balance remaining after insurance payment is the responsibility of the patient.
* For your convenience, we accept cash, checks and all major credit cards as well as Care Credit.
* Balances older than 90 days will be billed a finance charge of 1.5% per month and be released to a collection agency until paid in full.
* All returned checks will have an additional reprocessing fee of $30 charged to the account.
* Once an appointment has been made, please remember that this time has been specifically reserved for you and we look forward to seeing you at that appointment. We reserve the right to charge a fee of $75-150 for all canceled or missed appointments without 48 hours advance notice. This fee must be paid prior to any other appointment reservations being made.
* We ask that you confirm your appointment 24 hours prior to your appointment time, otherwise we reserve the right to fill your appointment time with another patient.
* Minors must be accompanied by a parent or legal guardian. If the parents are separated or divorced, the person accompanying the minor will be responsible for payment at the time of service.
* We recognize that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems to us so that we can assist you in the management of your account.

I have read, understand and agree to abide by the terms outlined in this financial and appointment policy. I understand and accept my financial responsibilities.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_