

Wolcott Dentistry Financial Agreement

Updated April 21, 2016

Thank you for choosing Wolcott Dentistry to provide your dental care. Our philosophy in serving people is to be informative, honest and forthright. This financial agreement is indicative of our respect for your right to know ahead of time what our expectations are in the area of finances.

If you have dental insurance we will gladly file claims as a complimentary service. It is very important that the correct insurance information is provided at the time of service. If information changes, it is the patient's responsibility to update Wolcott Dentistry as soon as possible.

Your insurance policy is a contract between you, your employer and the insurance company. Knowledge of your benefit amounts, covered percentages, limitations, exclusions, waiting periods, deductibles, etc. is entirely your responsibility as this may vary from one company plan to another. Although we accept most dental insurances, we participate directly with the following:

EBS-RMSCO, Guardian, Excellus Blue Cross Blue Shield, Delta Premier and Met Life.

If we do not participate with your insurance company, you are responsible for our fees and not what your insurance company considers "usual, customary or reasonable" all of which vary from one company to another.

For major services (crowns, bridges, dentures, partials, etc.) we will submit a predetermination of benefits to determine your out of pocket expense. However, please understand that these are strictly estimates and are not a guarantee that your insurance company will reimburse us according to these estimates. **If you have a predetermination back from your insurance company, your portion is due at the time of service.**

If difficulty arises with payment from your insurance company, we ask that you contact your insurance company to rectify the problem. **All charges not paid by your insurance company are your responsibility regardless of the reason for non-payment.**

If you do not have dental insurance we offer a few different options for payment, including an In-House Dental Membership, CareCredit, and a 5% Senior Discount. If you would like to know more about these options, please ask us!

If you have not made prior arrangements for the Installment Paydown Plan with Kim or Rhonda, and you do not have dental insurance, payment is due in full at the time of service.

If you need to cancel or reschedule an appointment, please give our office 24 hours notice. A \$50 fee will be applied to your account if you fail to show for a confirmed appointment.

Patient's Signature _____ Date: _____