WHITELAND DENTAL ASSOCIATES
THE COMMONS AT OAKLANDS
670 WEST LINCOLN HIGHWAY
EXTON, PA 19341
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FINANCIAL AGREEMENT

This agreement is to inform you of your financial obligation to our practice. We are committed to providing you with the most comprehensive dental care using only the highest quality materials and technology available in the market today. We are also committed to providing you with up-to-date information and educational tools so that you may fully participate in maintaining optimum oral health. This financial agreement is intended to facilitate our ability to provide excellent service to you while minimizing our administrative costs.

All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is an agreement between you, your employer, and the insurance company. Our practice is not a party to that agreement. If payment from your insurance company is not received within 60 days from date of service, you will be expected to pay the balance in full.

As a courtesy to you we will help you process all your insurance claims. You may direct your insurance company to pay your benefits directly to our practice by signing the authorization on the Assignment of Benefits Agreement. In order for our practice to file your insurance claim, you must bring a completed dental insurance form or proof of insurance at each appointment.

Your **estimated** copayment for treatment, which is the amount not covered by your insurance, is due at the time treatment is provided. Your **estimated** copayment may be adjusted after the time of treatment depending upon the final reconciliation of insurance payments. Our practice accepts cash, personal checks, MasterCard, Visa, and Discover. Third party, extended payment financing is available upon request and approval.

Any patient with an estimated copayment that exceeds $5,000 who pays in full and in advance will be granted a 5% courtesy. *This excludes payments made thru Citi Card Credit financing.*

New patients being seen for emergency services are required to pay their estimated copayment in full at time of service.

Payment for crowns will be required as follows: 50% at prep; remaining balance at cementation.

Payment for surgical procedures *(example, but not limited to, implants and bone grafts)* will be required as follows: 50% when scheduling the appointment, 50% on the day of the surgery.

Payment for dentures will be: 50% at start of treatment; balance spread over the next four appointments.

Returned checks and balances older than 60 days will be subject to collection fees and finance charges at the rate of 2% per month (24% annually).

Additionally, we reserve the right to charge **$75.00** for appointments canceled or broken without 48-hour prior notice. We also reserve the right to request that you reschedule your appointment if you arrive later than 15 minutes past your scheduled appointment time.

Please do not hesitate to ask if you have any questions regarding this financial agreement. We are committed to providing you with the ultimate experience in dental care.

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Print Name of Patient or Responsible Party

_____ _____
Signature of Patient or Responsible Party Date