

Wheaton Cosmetic Dentistry Your Financial Investment

The team of dental professionals at Wheaton Cosmetic Dentistry is dedicated to providing you with the best possible dental care available today. As a profession, we constantly and continually strive to control health care costs and still maintain a very high level of professional care. Any successful attempt to control health care costs must be a team effort involving the patient and the dental office. One of the costliest aspects of doing business is carrying accounts receivables, present or past due and sending billing notices.

In an effort to keep our costs down and prevent passing the cost on to you, we now offer the following payment options:

- If you do not have insurance, payment in full at the time of service is expected (cash, check, Visa, MasterCard, Discover and American Express) unless payment arrangements have been made **BEFORE** your appointment.
- Assignment of dental insurance payments directly to this office. If you choose this option, you **must pay the estimated deductible and co-pay for the services rendered regardless of your dental insurance coverage on the day of service.** If your insurance ends up paying more than anticipated, you will be given a refund check or a credit for future treatment, whichever you choose. If your insurance ends up paying less than anticipated, you will receive a statement for the balance and will be due upon receipt.

At Wheaton Cosmetic Dentistry we do not render treatment or fees according to dental insurance plans...we diagnose and recommend treatment that is exceptional and in the best interest of the patient to reach their goals. Please remember that the purpose of dental insurance is to act as a "benefit" or "cushion" which will help to pay for a portion of treatment up to a yearly maximum...it is not intended to cover everything. Dental insurance provides a limited amount of funds to aid you in covering the costs of the most very basic of care.

*Some dental insurance companies pay a fixed allowance for certain procedures, and others pay a percentage of the charge. The benefits available to you are dictated by the policy that **YOUR** employer has purchased for **YOU**. **YOUR DENTAL INSURANCE PLAN IS AN AGREEMENT BETWEEN YOU, YOUR EMPLOYER AND YOUR DENTAL INSURANCE COMPANY, NOT AN AGREEMENT WITH US.** It is your responsibility to pay any and all fees for services rendered to this office regardless of your dental insurance limitations. We will continue to file insurance claims on your behalf as a courtesy.*

- [Chase Health Financial](#) or [CareCredit](#) – Line of credit. This option is available for treatment plans over \$1000.

Patient shall pay for all treatment(s) incurred, with or without the Patient's signature. In the event that the patient fails to make payment when due, patient shall pay, in addition to the invoice amount, a late charge of 1 ½ percent per month. Late payment charges shall be construed in such a manner as to be enforceable under the pertinent state law (including but not limited to classification as "interest" and liquidated damages). Patient agrees to pay all cost of collection by the Doctor of any amounts due hereunder, including actual attorney's fees. If patient is a minor, the parent or guardian of the minor agrees to be responsible for all treatment(s) received by a minor. If a credit card is provided, Patient authorizes Doctor to apply all past due amounts to the credit card provided. Patient agrees to assign all dental insurance benefits to the Doctor.

I understand the guidelines set forth by Wheaton Cosmetic Dentistry in order to continue in a fiscally sound business manner.

Name of Patient

Date