

Walsh Dental Care

Financial Policy

Our office currently participates with most PPO dental insurance plans. We will estimate your portion of the treatment cost based upon your insurance benefits schedule and the most up-to-date insurance benefits information we have at the time of treatment.

We will bill your insurance company on your behalf. If the insurance company does not pay within 60 days, we reserve the right to request payment in full from you for your account balance. In this case, you may collect payment directly from your insurance company.

We require payment in full for your estimated portion of the treatment cost at the time of service. We accept Visa, MasterCard, American Express, Discover, cash and personal checks. We reserve the right to charge a \$25 fee for all returned checks.

If we underestimate your portion, we will bill you for the remaining account balance after applying your insurance company payment. We request payment within 30 days of receipt of your bill. If payment is not received within 60 days, we reserve the right to send your bill to a collections agency, in which case we reserve the right to charge you a collections fee of up to 25% of your unpaid balance.

If you are in need of an extended finance option, we work with Care Credit, offering special 6 and 12 month interest free financing, subject to financing terms and credit approval. If you are interested in Care Credit financing or would like more information, please ask for assistance at the front desk.

Appointment Cancellation Policy

We strongly encourage all patients to keep their appointments. We understand that sometimes you may not be able to keep your appointment, in which case we request a **48 hour** notice prior to your scheduled appointment time. If a 48 hour notice is not provided, we reserve the right to charge you a \$50 broken appointment fee.

Patient Signature _____ Date _____

Print Name _____