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Financial Policy

We, at Dr. Wood's office, are proud to be part of a team whose primary mission is to deliver the finest and most comprehensive dental services available today. We are interested in your dental health and offer the foregoing information to assist you in Financially Arranged Dentistry.

If you have dental insurance we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, checks, MasterCard, Visa or Discover. We will be happy to help you process your insurance claims form for your reimbursement. Any such request must be accompanied by a complete insurance form at each visit. In special instances, we may accept assignment of insurance benefits.

Returned checks and balances older than 45 days are subject to additional collection fees and interest charges of 1.5% per month. Charges will also be made for broken appointments on the amount of time reserved and appointments cancelled without 24 hour advance notice.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50%, or 80%) of usual, customary and reasonable fees for this region. However, you are responsible for any difference the insurance does not cover.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, **ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE THE SERVICES ARE RENDERED**. We realize that temporary financial problems may affect timely payment of our account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

Financial responsibility and account information is part of the patient registration form in which you will agree to be responsible for payment of all services rendered.

If you have any questions about the information or any uncertainty regarding insurance coverage, PLEASE do not hesitate to ask us. We are here to help you.

I have read and understand the above said information.

Signature of responsible party

Date