

William S. Wooten, DDS

857 South Beckford Drive, Suite F ♦ Henderson, NC 27536 ♦ (252) 492-5200

PATIENT FINANCIAL POLICY

Our office strives to provide the highest quality dental care at affordable prices. Our patients receive prompt attention and excellent service. We believe that a satisfied patient returns for additional services, refers others to the practice and pays their bill promptly. To help maintain a good relationship with our patients, this office has adopted a written financial policy. The purpose of this policy is to eliminate confusion or misunderstanding concerning financial arrangements offered by our office. Our office communicates this policy to each patient.

For those with insurance benefits, we are happy to bill your insurance as a courtesy to you. Please note that your insurance contract exists solely between you and your insurance carrier. We will file your insurance claim, but we cannot guarantee any benefits. Your insurance plan is a benefit to you to help offset the cost of necessary dental care. Ultimately, you are responsible for the entire cost of your dental therapies. Any questions or comments regarding your benefits should be directed to your insurance carrier.

1. Payment at the time of service is expected, including the estimated portion of the amount that insurance does not cover. Our office accepts the following payment methods: Cash, Check, MasterCard and VISA.
2. When the patient's portion cannot be paid at the time of service and payment arrangements extend beyond 90 days, an interest rate of 18% per annum will be charged on all outstanding balances.
3. Interest of 18% per annum will be assessed on the patient's portion of the unpaid balance as noted above (#2). A written, signed agreement will be completed at our office, which explains the number of payments, interest rate and total interest to be paid over the term of the agreement.
4. A statement for services rendered will be mailed to you at the end of each month. Receipt of payment is expected by the 10th of the month. The patient's payment should be mailed with the top portion of the statement to establish the proper crediting of the account.
5. Your account due is considered delinquent if the requested payment is not received by the tenth (10th) of the month. If payment is not received, a late charge of 1 ½% per month (\$1.00 minimum) will be assessed and will appear on the next statement. The annual percentage rate is 18%.
6. A \$25.00 charge will be billed to your account for any check returned by the bank for any reason. We will resubmit the check for payment to the bank one time. However, if funds are still insufficient, we will not accept payments by check from you in the future.
7. There will be no charge for a broken appointment with 24 hours' notice. This enables us to fill the reserved time slot from our list of patients who are able to come on short notice. Broken appointments with less than 24 hours' notice will incur a \$20.00 fee.
8. Delinquent accounts may be sent to a collection agency.
 Yes, I am interested in payment arrangements that may be made available to me in order to complete my dental treatment.

I have read and understand the financial policy of Dr. Wooten and agree to all the terms described in it.

Patient Signature/Guardian Signature

Date