

**Wilmington Dental Arts**  
293 N South Street  
Wilmington, Ohio 45177  
937-382-2042

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### **Financial Policy**

In order to serve you better, we provide our patients with an estimate of fees for service when requested. This estimate is based on the information provided by the insurance company and is a best guess calculated by the computer systems.

For our patients with dental insurance, our professional services are provided to you, not your insurance company. Therefore, you are directly responsible to us for payment of treatment. As a courtesy, we bill your insurance company and will do our best to maximize benefits to which you are entitled.

The insurance estimates we give are based off of the knowledge supplied to us by the insurance company. This is a best guess from the computer information. Your amount owed could be greater or less than the amount predicted. We give the insurance company 45 days to make payment. If payment is not made within this time, payment becomes your responsibility. Financial charges are assessed to accounts 30 days past due. All accounts not paid in full at the time of service are considered past due.

**All account balances 30 days past due will be charge a finance charge of 1.5% monthly**

We reserve the right to charge for appointments missed or cancelled with less than 24-hours notice.

Due to the estimates made by the insurance company, you may owe more or less than the amount charged the day of service. If you overpaid we will issue you a refund when all outstanding insurance claims are settled.

For patients without insurance, payment is due the day of service. CareCredit is available for patients who qualify. CareCredit will make payment to us on your behalf. You then make payments to CareCredit so you can spread this out over time.

If there are any questions regarding this policy, please bring them to the attention of someone in the business office. We are happy to clarify and help you in the matter.

Print Name \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_