

WEST DENTAL CARE
Financial Policies

Thank you for choosing West Dental Care. We are committed to providing you with the best and most comprehensive dental care available. . An important part of our mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options. In order to achieve the goal we need your assistance, and your understanding of our payment arrangements.

Private Payments

We gladly accept, Cash, Master Card, Visa Card, Discovery Card, and Care-Credit, Citi Health or ATM debit cards as a form of payment. We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash prior to completion of care. For your convenience, we can set up a contract that will allow you to pay for your dental care over time. To qualify, you must show

1. Evidence of employment
2. A checking, or savings, and /or credit card account.

A minimum contract balance and minimum payments apply. We ask for a down payment at the time we set up the payment plan. Our staff can only set up this payment plan after review of your financial eligibility (credit history). You may bring in a qualified co-signer who meets the financial criteria if necessary. Patient responsible for any fees of verification process.

Private Dental Insurance

In order to obtain your dental benefits, your insurance carrier often requires us to provide information before initiating treatment (preauthorization) for more complicated dental procedures. If payment for treatment is approved, you will be required to pay your "co-payment" only. If you elect not to have your treatment pre-authorized you will be required to pay for your dental treatment at the time of service. If you have made an overpayment because of your insurance benefit payment, you will be reimbursed. If your insurance company denies payment for any procedures because of a change in your benefits, you will be responsible for the full cost of the treatment. We bill your dental insurance as a courtesy to you. However, the contract for dental insurance exists between you and your dental insurance company.

Denti-Cal Program

In order to receive dental services you are required by the State of California to provide us with your current Medi-Cal (known as Denti-Cal for dental procedures) Identification card and photo ID. Your eligibility is determined at each visit. The Denti-Cal Program does not cover all dental procedures. If you elect to have any treatment that is not covered by the program, you will be responsible for the cost. If you have any questions about the above information please do not hesitate to ask our patient care coordinators.

NOTICE TO INSURANCE PATIENTS

I understand that I am responsible for my balance with West Dental Care, including under the following circumstances:

- A. The treatment goes over my insurance company's yearly maximum benefit.
- B. My insurance company denies treatment.
- C. I am not eligible for insurance.
- D. The insurance benefits are less than what was indicated on West Dental' Care's Estimator.
- E. I prevent or delay payment by not complying with requests for insurance forms and signatures.
- F. I do not complete my treatment and it results in non-payment by my insurance company.
- G. Lab costs are incurred due to my failure to appear at my appointments.
- H. Be prompts for the appointments. I must give at least 24-hour notice of cancellation. Patients with 3 missed appointments cancellation without 24 hour notice, or repeated unsuccessful attempts to arrange for an appointment may be charged a fine of the amount of \$30 for each broken appointment or discontinued from further treatment in the West Dental Care clinic.

I. I RECEIVE MY INSURANCE CHECK AND DO NOT SEND IT TO WEST DENTAL CARE

J. HAVE READ AND UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES NOT PAID BY MY INSURANCE.

I understand that all services are due and payable at the time services are rendered unless other financial arrangements have been previously approved

The undersigned certifies that he/she has read and understand the forgoing, received a copy/or may request a copy thereof, and is the patient. The patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.

SIGNED: _____ DATE: _____

Patient/Guardian/Conservator/Responsible Party

SIGNED: _____ DATE : _____

West Dental Care Employee