



## **Financial Policy**

We are pleased that you have chosen Dr. West for your periodontal needs. In order to better inform you, please read the following summary of our financial policy.

### **Insurance**

You, as the patient, are responsible for all charges, regardless of insurance coverage. As a courtesy, we are happy to file claims with your insurance company for services rendered, and accept assignment of benefit. Your deductible, co-payment, and/or co-insurance are due at the time of service. However, if we have not received payment from your insurance company within 60 days from the date of service, you may be expected to pay the balance in full.

### **Payment**

We realize that our patients have financial needs, and we will do our best to find a solution that works best for you. We accept Visa, Mastercard, Discover, American Express, personal checks and cash. Returned checks may be recovered electronically along with the state allowed recovery fee. We also work with two outside third-party financing companies, Care Credit and Springstone Financial, which will allow you to make monthly payments, if needed. Payment of co-insurance, deductible, and/or co-payment is required at the time the services are rendered unless other arrangements have been in advance.

Patients with outstanding balances 60 days or more overdue must make arrangements for payment prior to scheduling future appointments.

I have read and understand Dr. West's financial policy. I agree to assign benefits to Dr. West when necessary. I also agree that should it be necessary to forward my account for collection proceedings, in addition to the amount owed, I will also be responsible for the fees associated with the costs of collection.

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Signature

Date