

## DENTAL GROUP OF WESTFIELD FINANCIAL POLICY

We would like to help you understand our position regarding your insurance carrier and our payment policies.

It is essential that you know all the services that are covered in your insurance plan. We will be happy to provide you with the necessary ADA codes should you wish to contact your insurance carrier regarding your coverage.

With the exception of the Delta Dental Premier Plan and Horizon Optional and Traditional Plans, we have no contractual agreement with any other insurance company. However, we will do our best to ensure that claims for services rendered by all other insurance companies are immediately submitted to your insurance carrier and mailed at our expense.

Certain insurance companies are contractually obligated to send checks directly to the patient, for example Blue Cross/Blue Shield. Such an arrangement means that you must pay our charges IN FULL ON THE DATE OF SERVICE. Those patients whose insurance companies assign benefits directly to the Dental Group of Westfield, P.A. are required to leave an estimated co-payment at the date of service. Should a procedure not be covered under your contract, you will be responsible for PAYMENT IN FULL. We would be happy to discuss other arrangements, such as interest free dental loans, with you prior to treatment.

While we are pleased to work with you and your insurance company, it is impossible for us to know all the insurance plans, their coverage and benefits. IT IS YOUR RESPONSIBILITY NOT OURS, TO READ AND UNDERSTAND THE RULES AND REGULATIONS OF YOUR INDIVIDUAL PLAN. IT IS ALSO YOUR RESPONSIBILITY TO CHECK WHETHER OR NOT WE, OR ANY SPECIALTS WE RECOMMEND, ARE IN OR OUT OF YOUR PLAN'S NETWORK. We are not responsible if you learn that your plan disallows a benefit that it indicates it will cover. Every individual insurance plan can differ depending on your contract. You will be responsible for any balance not covered by your program.

Working within the constraints of your insurance plan can sometimes be difficult; however, our practice philosophy has and always will be to provide our patients with the highest quality of dental care.

John Wiley, D.D.S., F.A.G.D

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Patient Signature

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Date

## DENTAL GROUP OF WESTFIELD FINANCIAL POLICY

1. CASH, CHECK, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS are accepted.
2. SENIOR CITIZEN—10% professional courtesy (No discount on cleanings)
3. CARE CREDIT DENTAL LOANS ARE AVAILABLE.
4. PAYMENT IN FULL FOR ANY BLUE CROSS BLUE SHIELD PPO or HMO DENTAL WORK IS DUE AT TIME OF APPOINTMENT.
5. PATIENT MAY RECEIVE A 10% DISCOUNT ON ALL BRIDGE AND CROWN WORK DONE IF PAYMENT IS MADE IN ADVANCE BY CASH OR CHECK. HALF THE PAYMENT IS EXPECTED AT TIME OF PREPARATION AND THE REMAINING BALANCE IS DUE UPON INSERTION OF THE DENTAL WORK.
6. PAYMENT IS EXPECTED IN FULL AT THE FIRST APPOINTMENT FOR NEW PATIENTS, REGARDLESS OF INSURANCE COVERAGE.
7. BRITE SMILE MUST BE PRE-PAID IN FULL PRIOR TO THE APPOINTMENT.