

Office Financial Policy

We realize that every person's financial situation is different. For this reason, we have worked very hard to provide a variety of payment options to help you receive the dental care needed to enjoy a healthy and confident smile.

Dental Insurance

Dr. Work is a "Premier" Delta Dental Dentist.

We are happy to file forms necessary to see that you receive the full benefits of your coverage; however, we cannot guarantee any estimated coverage. **Unless prior arrangements are made you will be expected to pay the percentage of your responsibility as services are performed.** Please keep in mind that we can only *estimate* your portion, your insurance will not give us access to exact dollar amounts. Because the insurance policy is an agreement between you and the insurance company, we will not enter into a dispute with the insurance company over your claim. We will provide information to support the necessity for treatment, which may assist you in recovering your benefit. If your insurance denies the claim or services, your account will become your responsibility.

*Dr. Terry and Mary Ann are happy to accept all insurance companies (as long as you're free to see any dentist you choose) but is only **In Network** with Delta Dental Insurance.

Signature _____ Date _____

Payment Options

Cash/Check/Debit: We are happy to provide a 5% discount as a courtesy for treatment that exceeds \$300.00 and paid in full on appointment date.

Credit Card: For your convenience, we accept most major credit cards; however there is not a discount on services paid with credit cards.

AS OF MAY 1, 2018, DENTAL WORKS WILL BE ACCESSING A 3% SERVICE FEE ON ALL CREDIT AND DEBIT CARD PAYMENTS. THIS FEE IS THE COST OF DOING BUSINESS TO ACCEPT CREDIT CARDS

Payment Plan: For patients who desire a monthly payment plan, we have made arrangements with **Care Credit**, there are no application fees or down payments and can be arranged interest free. Applications are available from our office or you can apply online at www.CareCredit.com.

If you wish to discuss any other financial arrangement, please let us know and we will make every attempt to assure a comfortable payment schedule for you.

Please sign below to indicate that you understand our policies and wish for us to accept the assignment of benefits from your insurance company.

Signature: _____ Date: _____