

Office Orientation and Financial Information

We are pleased that you have chosen our office for your dental needs. Below is information to assist you in understanding our services and to help familiarize you with our office.

_____ **Appointment Cancellation/Reschedule Information:** Please initial.

If you are ever unable to keep an appointment you have scheduled with us, please notify us at least 24 hours (no less than 1 business days) in advance. This allows us the opportunity to see another patient, who may wish to fill that open time. We reserve the right to charge a \$50 fee for all missed appointments and short notice cancellations. If a history of short notice cancellations or “no shows” has been established, you may be required to pre-pay for your dental visits before being rescheduled. You can email us 24 hours in advance at doctorwest@att.net. **We respect your time** and ask that you do the same with ours. Our office will call or text to remind you about your appointment 1-2 days ahead of your scheduled appointment.

Dental Emergencies: Please call our office for further instructions in emergency situations after office hours. In some instances it might take 30-45 minutes for your page to reach the office. Please leave all numbers at which you can be reached.

Dental Treatment: Beyond our most calculated efforts, further necessary treatment may arise during a dental procedure that was not originally diagnosed. This treatment will incur additional fees that you will be responsible for. Should this situation arise, the Doctor will inform you of these changes.

Insurance: Dr. West is *in-network* with most insurance plans. With our extensive knowledge and experience, our insurance experts can help you maximize your insurance benefits. ***However, it is important to remember that the insurance is a contract between you and the insurance company.*** We are happy to assist you in following up with your insurance company, writing appeals and necessary narratives for payment, this is offered as a courtesy to you.

Financial Payment Options: Please initial your choice of payment option.

_____ **Option 1:** Payment in full at the start of treatment with a 5% accounting adjustment. (**Cash or Check**) for any charge over \$400. We will file your insurance as a courtesy to you and the insurance company will reimburse you directly for your services.

_____ **Option 2:** Patient financing through our partnership with Care Credit. 3, 6, or 12 Months Interest Free. We pay the interest for you! We also offer extended financing up to 48 months for a low interest rate.

_____ **Option 3:** We will file and accept Assignment of Benefits from your Insurance Company and You are responsible for your **estimated** portion when services are rendered. This option requires a credit card authorization be placed on file with us so that any remaining balance after your insurance has paid will be cleared from your account. **A call will be placed before running any balance if you so request.** Please note that insurance balances not paid within 60 days of the date of service will be run on the credit card on file. Please understand that your insurance is a contract between you and the insurance company, filed as a courtesy to you, by our office.

_____ **Option 4: In Office Savings Plan** – Payment directly to the dental practice for a period of three months in advance of dental care.

Patient Signature (Parent or Guardian, if patient is under the age of 18)