



To Our Valued Patients

Thank you for choosing Wood Dental Associates as your Dental Care Provider. We are proud to be part of a team whose primary mission is to deliver the finest and most comprehensive dental services available today. The following is statements of our financial and office policies which we request you read and sign prior to your appointment.

Full Payment of services rendered is due at time of service. We accept cash, personal checks, most major credit cards, and Care Credit.

Dental Insurances: We understand the value of insurance benefits and **will assist you** in obtaining your maximum benefits. We may accept assignment of insurance; however your co-payments and deductibles are due at time of treatment. **It is a patient responsibility to provide us with the correct insurance information, so we may bill your insurance company promptly.** Remember your insurance is a contract between you and your insurance company. We are not a party to that contract. In the event we do not receive your insurance payment in full within 45 days, the balance will be automatically billed to you for immediate payment. **Our Estimation of insurance payments is not a guarantee of payment by your insurance company.** The final payment is determined at the time the claim is received and reviewed by your insurance company.

Service Charges: In case of default of payment, the patient or responsible party promises to pay any legal interest on balance due, together with any collection costs and reasonable attorney fees incurred to the effect to collection of this account or future outstanding accounts.

Missed Appointments: We respect the importance of our patient's time. Every effort will be made to accommodate each patient at their scheduled time. We recognize that at times there may be the need to cancel or reschedule an appointment; therefore, we ask that you contact the office 24 hours before appointment. It is our office policy to charge a missed appointment fee if the appointment is not cancelled within those 24 hours.

Minor Patients: The parent or guardian of said minor is responsible for full payment. For unaccompanied minors, treatment will be denied unless charges have been preapproved.

Unattended Children: Our office policy does not allow for unattended children to be unmonitored in the waiting area. Please bring someone 18 yrs. or older to monitor your child's activity.

I have read and understand the financial and office policies and agree to these terms.

Signature of Patient or Responsible Party

Print Name

Date