

**FINANCIAL POLICY**

Thank you for choosing our office for your dental needs! At **WESTSHORE DENTISTRY**, we believe that you deserve the best care. 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 you need. Dental treatment is an excellent investment in an individual’s medical and psychological care. It allows you to enjoy a healthy, beautiful smile with respect to your budget.

To maintain the practice operations and prevent potential misunderstandings, we ask you to accept and adhere to the following insurance and financial policies regarding your dental treatment.

**Initial**

\_\_\_\_\_\_\_ ■ **WESTSHORE DENTISTRY** does require payment in full for your portion at the time of service. We accept MasterCard, Visa, American Express, Discover, cash, and checks. If you are in need of an extended finance option, we also work with CareCredit, who offers 12 month “same as cash” or longer terms with an interest bearing revolving charge designed to meet your treatment plan needs on approved credit.

\_\_\_\_\_\_\_ ■ For treatments that incur Lab expenses, we do allow 50% of total amount due at time of initial treatment, and the balance at the next appointment. We reserve the right to place your case on hold until the balance is paid in full.

\_\_\_\_\_\_\_ ■ Unpaid balances can and will be sent to a collection agency, which may result in a negative impact on your credit and legal action against you.

**I fully understand and agree to comply with the above conditions.**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_