Madison Dentistry

Financial Policy

Please read and sign prior to treatment

Purpose:
First of all thank you for giving our office the opportunity to care for your dental needs! We truly value the relationship we have with you and your family and strive to do our very best to provide the highest quality care available with a conservative and compassionate approach. We understand that quality dental care can be costly at times so we are pleased to offer various payment options. The purpose of this document is to make sure that our patients understand the financial aspect of our relationship.

Payment Terms:
Payment for treatment is due the day of service. Patients without dental insurance will earn a 5% courtesy discount or 10% if over age 65, when they pay on the day of service with cash or check. We gladly accept VISA and MasterCard and Discover however, due to the high processing costs of credit cards, no courtesy discount is earned. We are happy to offer interest free financing for up to twelve months through Care Credit for those individuals that qualify – it is easy to pre-apply – call us for details. Unpaid balances older than 60 days will accrue a finance charge at the annual rate of 18%.

Dental Insurance:
Many employers offer a dental insurance plan as part of their benefit package – those who have dental insurance are very fortunate to have some of the costs associated with dental care paid by the plan. Please keep in mind that dental insurance is a benefit – it is not designed to pay for all of your care and the coverage provisions of an insurance plan should not be confused with what dentistry is needed or appropriate in your particular circumstance – only Dr. Wessell and you can determine that. Your insurance policy is a contract between you and your insurance company and therefore it is your responsibility to understand the plan provisions and remaining benefits. As a courtesy to you, we will bill your insurance carrier for you. Please remember that any amounts not paid by your insurance plan are your responsibility.

Fees and UCR (Usual and Customary Rates):
Our practice is committed to providing the best treatment possible for our patients. We take our fees very seriously and strive to charge a reasonable fee for the services we provide – not the highest and not the lowest. Most insurance plans pay benefits based on arbitrary benefit levels established by the insurance company and an employer – these benefit levels are determined by the employers' benefits budgets and do not necessarily correlate with the cost of providing dental care and dental procedure fees in the market. Again, we emphasize that ANY insurance benefit is wonderful to have! You are responsible for payment in full regardless of any insurance company's arbitrary determination of usual and customary rates.

Injuries/Accidents Involving Legal Litigations:
We will not accept third party billing if your injury or accident involves legal litigation. The services are provided to you, the patient, not your attorney, and ultimately the person receiving the care is the one responsible for the account. We will require you to make payments on the charges even if they will be covered by a third party.

Minor Patients:
An adult must accompany the minor at the time of the first visit. The adult accompanying the minor is responsible for payment of the account.

Late Cancellations or Missed Appointments:
Please respect other patients and our team and do your best to honor your appointments. As a courtesy to our patients we call a day or two ahead of your appointment to remind you. We would appreciate a 48-hour notice if you need to cancel an appointment. Cancellations made less than 24 hours prior to an appointment will result in a fee of $75.

After Hours Emergencies:
There is a $150 charge for an after office hour emergency visit in addition to the fee for the services provided. This charge is not payable by your insurance company, and is to be paid at the time of your visit.

Thank you for understanding our Financial Policy. If you should have questions or concerns, please let us know and we will be happy to assist you in every way possible.

I have read and agree to adhere to the above Financial Policy.

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Patient or Responsible Party Date