B. Well Dentistry

Financial Policy

Effective as of January 1st, 2014

We appreciate the opportunity to serve you! We’ve found that a clear understanding of our financial policy in advance of dental care helps to relieve some of the anxiety associated with dental visits. Please read the following carefully and ask us any questions you might have. We will do our best to answer them for you.

♦ Patients without insurance coverage need to know . . .

The fee for the treatment rendered must be paid in full on the day of service.

♦ Patients with insurance coverage need to know . . .

The estimated patient copay and deductible for the treatment rendered must be paid in full on the day of service. Please understand that you are ultimately responsible for all fees generated by your treatment.

♦ We accept Visa, MasterCard, checks, and cash for payment of the amount due. Payment plans are available. Please ask about them if you need one.

♦ Two business days notice is required for rescheduling appointments.

A $50 fee for each hour of time that was reserved for you will be applied to your account for rescheduling, canceling or failing to show up for your appointment without 2 business days notice.
By executing this agreement, you consent to treatment by Spencer Bramwell and his staff and agree to pay for all services that are received. Once you have signed this agreement, you agree to all the terms and conditions contained herein and the agreement will be in full force and effect.

The Financial Policy continues on the back of this page.

Patient’s Name: ________________________________

Responsible Party
(if patient is under 18 years old): ________________________________

Signature:________________________________________ Date:__________

Treatment Plans: You understand that if Dr. Bramwell has treatment recommendations for you, you will receive an itemized list of the recommended treatment. This will also contain an estimate of what the fees will be for the recommended treatment. If you have dental insurance, the treatment plan may include an additional estimate calculating what may be paid by your insurance company toward the fees for your treatment. You understand that treatment plan estimates are not a guarantee of insurance payment and you are ultimately responsible for all fees generated by your treatment.

Payments: Unless we approve other arrangements in writing, the balance on your statement is due and payable when a statement is issued, and is overdue if not paid by twenty-one (21) days after the statement date.
**Finance Charge:** A finance charge will be imposed on each item of your account which has not been paid within sixty (60) days of the time the item was added to the account. The FINANCE CHARGE will be computed at the rate of (1.0%) per month or an ANNUAL PERCENTAGE RATE of twelve (12%) percent. The finance charge on your account is computed by applying the periodic rate (1.0%) to the “overdue balance” of your account. The “overdue balance” of your account is calculated by taking the balance owed sixty (60) days ago, and then subtracting any payments or credits applied to the account during that time.

**Insurance:** Insurance is a contract between you and your insurance company. We will bill your insurance company as a courtesy to you. Please note that services are not rendered on the assumption that the insurance company will pay us. You are ultimately responsible for payment of all fees generated by your treatment. If your insurance company has not paid your claim within ninety (90) days after the date of service, the full amount is due and payable by you. We will promptly refund to you any insurance payments we receive if you have already paid the balance on your account. It is your responsibility to inform us of any changes in your insurance coverage.