

Winn Family Dentistry Financial Agreement

This agreement is to inform you of your financial obligation to our practice. We are committed to providing you with the most comprehensive dental care using only the highest quality materials and technology available in the market today. All charges you incur for any treatment that is provided are your responsibility regardless of your insurance coverage. We will always recommend treatment based upon your dental needs, not based on insurance coverage.

Although our practice is able to submit dental claims on your behalf, we do not accept responsibility for the outcome of the transaction. It is important you understand that the agreement regarding your dental benefits is between you, your employer, and your insurance company.

Insurance payments are typically received within 30-60 business days from the time of billing. If your insurance company has not made a payment to our practice within 60 days, we will ask you to pay the balance and you will be responsible for seeking reimbursement from your insurance company.

Although we can provide an estimate, our practice does not guarantee your insurance company will assist with payment for your treatment. If your claim is denied, you will be responsible for paying the balance in full (please see payment options below). Please note that we will submit any and all necessary documentation your insurance company requests; we will not enter into a dispute with your insurance company over any claim. It is your responsibility to resolve any type of dispute with your insurance company.

Payment Options:

- Winn Family Dentistry accepts Cash, Check, Visa, Discover, MasterCard, and American Express
- If you do not have insurance, we do offer a 5% discount if your balance is paid in full via cash or check the day of your appointment
- Care Credit-see brochure for more information on 12 month deferred interest

* Please note if your balance is not paid in full, interest rates may apply

If none of these are an option for you, please see a member of our Business staff and they will be able to assist you with a payment plan.

Patient Name (Print)

Patient/Guardian Signature

Date