Patient Financial Responsibility Information

Payment Policy

The Western University Dental Center is a fee for service dental clinic. Payment for services using cash, check, Visa or MasterCard may be made using one of the following methods:

1. **Payment as treatment is rendered** - services are paid in full as they are completed.
2. **Equal Installments** - The total cost of an approved treatment plan is divided up into equal payments.
3. **Pre-payment of fees** - regular payments are made prior to the start of an approved treatment plan procedure or phase. Appointments are scheduled when the total cost of the treatment or phase is paid.
4. **Phased treatment** - Certain treatment plans can be completed in phases allowing for intervals of time between each phase of dental care.
5. **Care Credit** - This form of payment is offered for approved treatment plans when the patient’s financial obligation is more than $500.00. A no interest payment plan(s) (6 or 12 months) or low interest (24, 36 or 48 months) payment plans with credit approval from Care Credit.

- Where no third party payment coverage exists, or it cannot be used, patients may be eligible for dental care using a fee that includes an administrative adjustment. The adjusted fee is designed to provide a significant savings over the cost of care provided in a private dental practice.
- The Dental Center charges $20.00 for returned checks and reserves the right to request an alternate form of payment including the use of a collection agency to recover any amounts that are due and payable.

Dental Insurance and Other Third Party Coverage:

The Western University Dental Center only accepts Delta Dental PPO, MetLife PPO and traditional Denti-Cal.

1. Patients covered with Delta Dental or MetLife insurance will be expected to pay their co-payment at each visit.
2. We do not participate in any HMO programs.
3. Patients with Denti-Cal will be expected to present their Beneficiary Identification Card (BIC) so that eligibility can be verified.
4. If we are not able to verify eligibility, payment for services must be made using one of the above methods.
5. Any procedures not covered by Delta Dental, MetLife or Denti-Cal are the patient’s responsibility to pay.

- For patients with third party coverage other than Delta Dental, MetLife or Denti-Cal, we are happy to bill your dental insurance company for you and you will be reimbursed directly. Payment for dental services is expected at the time or treatment using one of the options mentioned above.

Discontinuation of Services

If dental care is discontinued and:

1. A credit balance is exists, then a refund will be sent to the appropriate person, minus any cost of treatment received.
2. A balance for care exists, then the amount due is expected on the date the dental treatment is discontinued.

Person Responsible for Payment Declaration and Signature

As the person responsible for payment, I declare that I have read and understand that the financial obligations for me and/or those patients treated under my account and that the dental services must be paid within the policies and guidelines of the Western University Dental Center. **I understand that the Western University Dental Center will provide good faith estimates of the cost of care and potential benefits and, estimates are not guarantees of the final costs of dental care or the actual third party payment.**

As the person responsible for payment I am responsible for all costs incurred by me/and or patients who are covered under my account.

_________________________________________________________________ ______________________________
Print Name Date

________________________________________________________________
Signature

A signed electronic copy of this form is as valid as the Original.