



## Written Financial Policy & HIPPA Privacy Policy

Thank you for choosing Westside Family Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

### Payment Options:

You can choose from:

- Cash, Check, Visa, Mastercard or Discover Card
- NO INTEREST<sup>1</sup> Payment Plans<sup>2</sup> from CareCredit
  - o Allow you to pay over time with NO INTEREST<sup>1</sup>
  - o Convenient, low monthly payment plans<sup>2</sup> also available
  - o No annual fees or pre-payment penalties

### Please note:

Westside Family Dentistry requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For plans requiring more than 2 appointments, alternative payment arrangements may be provided.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit, however you will be responsible for your deductible and your portion of the treatment the day of service.

Westside Family Dentistry charges \$25 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

**X**

\_\_\_\_\_  
Patient, Parent or Guardian Signature

\_\_\_\_\_  
Date

**X**

\_\_\_\_\_  
Patient Name (Please Print)

<sup>1</sup>If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

<sup>2</sup>Subject to credit approval

<sup>3</sup>However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

**\* Please note this office will hold balances up to 60 days. At that time, if not other arrangements have been made. Balance will be assigned to a collections agency and/or collection attorney.**

### **HIPPA Privacy Policy**

**I have read a copy of the privacy policy that was provided by Westside Family Dentistry.**

**X**

\_\_\_\_\_  
**Patient/Parent/or Guardian Signature and Date**