

Westside Family Dentistry



Creating a Beautiful Smile

Procedures and Financial Policies

Welcome to our practice! We are grateful that you have chosen us to provide for your oral health. Our mission is to provide you with high quality treatment in a comfortable, friendly environment. We strive to give you the highest level of service possible. Please read the following information to help us deliver excellent care for you.

YOUR FIRST APPOINTMENT will include x-rays and a comprehensive examination only. If you have current (within 2 years) x-rays from another dental office, they can be transferred to us once all appropriate HIPAA forms are completed. The dental cleaning (prophy) will be performed at a later visit. A significant number of patients need more than a “routine cleaning”, and additional treatment will be proposed at this appointment, if applicable.

Any forms you may need can be downloaded from our website at www.westsidefamilydentistry.net, or on our Patient Portal.

YOUR CONSIDERATION is appreciated regarding our team member’s extreme sensitivity to fragrances of any kind. For this reason, we are a **FRAGRANCE FREE** office. We thank you for understanding this situation and avoiding the use of perfumes, colognes, and fragrant body sprays or lotions prior to your visit.

FINANCIAL POLICY

We understand that the financial aspects of dental procedures can be confusing. We hope that these guidelines will be of help to you in clarifying any financial obligations concerning the procedures performed in this office.

MINOR PROCEDURES

Some insurance policies cover certain dental procedures in full. In the event that your insurance company does not pay in full, your co-payment is due at the time of service. There is a \$10 billing fee for any payable fee not paid on the

day of service. These amounts can include deductibles, copayments, and non-covered services

MAJOR PROCEDURES

Any service requiring multiple visits, or lengthy appointments including crowns, veneers, root canals, full or partial dentures, or Periodontal Therapy visits requires a \$100 deposit prior to scheduling, and payment of the “patient balance” is required at the time of the appointment. Please, we ask that any change you may request to this policy be discussed PRIOR to the service being performed. These appointments require 48 hours’ notice for cancellation.

DENTAL INSURANCE

We will always strive to make your dental insurance use as easy for you as possible. Your complete dental insurance information is necessary in order to bill your insurance company. Incomplete insurance information will require us to ask you for full payment at your visit. Please help us to provide you the most exceptional service possible by giving us your complete insurance information.

To provide you with exceptional service, we will file all insurance claims for you. Your dental insurance is a contract between you and your insurance carrier. While we do have considerable experience dealing with insurance carriers, our influence with them is limited. Some insurance conflicts or circumstances can only be remedied by the patient themselves. Any insurance claim that has not been paid within 60 days will require the patient or responsible party to pay the balance due.

CREDIT AND FINANCING

As a courtesy to our valued patients, we accept most major credit cards (Visa, Master Card, American Express, Discover), in addition to cash or personal check.

We can help arrange financing for major dental procedures. We proudly use Care Credit to enable our patients additional flexibility and affordability to obtain exceptional dental care. All financial arrangements must be made prior to our services being performed. We do not offer in-office financing.

Patients who do not have insurance (“self pay”) will be given a 10% reduction in fees as a professional courtesy, if the balance is paid in full on the appointment date. Any procedure financed with Care Credit is not eligible for the 10% courtesy fee reduction.

APPOINTMENT POLICY

Broken and missed appointments make it difficult for other patients to get timely care. A missed appointment hurts the patient missing the appointment, another patient who wants the appointment, and our office. We require 24 hours' notice to reschedule an appointment. These cancellations can only be accepted during normal office hours. For major treatment procedures that require a longer appointment (crowns, implants, root canals, and periodontal therapy) we ask for 48 hours' notice. There is a Broken Appointment fee of \$50 for any appointment cancelled without the 24 hours' notice, or for no-show patients.

We ask that our patients be on time for their appointments. While weather, construction, or life, can be unpredictable, we need a specific amount of time to properly treat each patient. We make every effort to respect our patient's time. If any patient is more than 10 minutes late for their appointment, we reserve the right to reschedule them.

FAMILY APPOINTMENTS

Our families often find it especially convenient to schedule their appointments at the same time. Our staff will be happy to accommodate you in scheduling your family. We must ask that you give us 48 hours' notice if you need to reschedule these appointments, as it is a large block of time we commit specifically to treat your family. If 48 hours' notice is not given, a \$50 per appointment fee will be charged to you (not to exceed \$100 total).

ACCOUNT BALANCES AND CO-PAYS

We will strive to provide you with the correct amount of insurance coverage and co-pay amount for each procedure. Please keep in mind that the insurance information available to us, even written pre-determinations and "real time" online information, is not always 100% accurate. While we will make our best effort to give you accurate information, it is not always correct.

Any remaining balance on your account is your responsibility and by signing below, you agree to pay any and all collection costs and/or attorney's fees required in the event of a collection action. Any remaining balance on your account after sixty (60) days will incur interest of 1% a month. Additional interest and fees are added in the event the account is turned over to a collection agency.

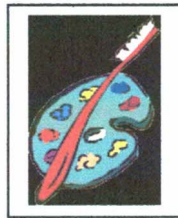
Please feel free to ask any questions you may have regarding our office and financial policies. We look forward to seeing you and providing you with high quality dental care in a relaxed, friendly environment.

Name

Signature

Patient or Parent/Guardian (If Minor)

Date



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