Financial Policy and Privacy Agreement

When we begin treatment, we make a commitment to provide you with the finest dental services possible. We are striving to help to create and preserve beautiful smiles for a lifetime.

Insurance

If you have dental insurance, we will do our best to estimate what your insurance will cover and ask you to pay what we estimate your insurance will not cover. This is only an estimate; we cannot understand-completely the specifics of every insurance plan and the variations to each one. Because of this, there may be a balance owed by you after the insurance has paid, or you may also have a credit. You have our pledge that we will do our best estimate as accurately as possible. You will be responsible for any balance your insurance does not cover.

Dual Insurance

If you have dual insurance coverage we cannot accurately estimate what the secondary insurance will pay and due to the time that it takes the secondary insurance to pay, it can become very confusing for everyone. Because of this, we will file the secondary insurance for you, but asked the payment will be sent directly to you such that you are responsible for what the primary insurance does not cover.

Payment Options

You may pay as you go -- meaning pay your portion when the service is rendered. Some procedures may require multiple visits and you can split your portion over those visits. We may also be able to phase treatments such that it can become more affordable. We accept most credit cards, checks and cash.

5% Discount

If your treatment is over $ 1000 and if you paid to beginning of your treatment you will be eligible for a 5% discount. If you have insurance, to be eligible for this, you will need to pay the entire amount less than 5% and the insurance payment will be sent to you.

Wells Fargo Financial

Our office has entered into an agreement with Wells Fargo Financial Services. To offer a six-month interest-free payment option to qualified applicants.

Collection Fees

Any account turned over to the collection agency will be responsible for any collection fees.
I have read the above and my preferred method of payment is:
MasterCard, Visa, American Express, Discover, Cash, Personal Checks, Well Fargo Financial

Release of Information for Insurance and Referrals

I authorize release of information to any referred physician, financially responsible party, insurance company, or federal payer as is appropriate for billing and receiving payment for any and all dental services provided from Christian R. Willard, D.D.S. and its personnel.

Signature_____ D.O.B._____ Date_____

Privacy Practices Acknowledgment (HIPPA)

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Signature_____ D.O.B._____ Date_____