

## Written Financial Policy for the office of William L. Jesenovec DDS

Thank you for choosing Dr. William L. Jesenovec, General Dentist. Our primary mission is to deliver the best and most comprehensive dentistry available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients. Review the following payment options we offer.

### Payment Options:

You can choose from:

**-Cash, Check, Visa, MasterCard, American Express or Discover Card**

**-NO INTEREST\*<sub>1</sub> Payment Plans\*<sub>2</sub> from CareCredit**

- Allows you to pay over time with NO INTEREST \*<sub>1</sub>
- Convenient, low monthly payment plans\*<sub>2</sub> also available
- No annual fees or pre-payment penalties

Please note:

**William L. Jesenovec DDS requires payment prior to the completion of your treatment. Any fee totaling \$350.00 or less is to be paid in full at the time service is performed.** If you choose to discontinue care before treatment is complete, your full refund will be determined upon review of your case.

For patients with dental insurance we are happy to work with your carrier to maximize your benefits and bill them directly for reimbursement of treatment costs. \*<sub>3</sub>

**A fee of \$50 is charged for patients who miss or cancel appointments without 24-hour notice.**

William L. Jesenovec DDS charges \$25 for returned checks.

**Service Charge-Unspecified collection fees may apply on past due accounts if not paid within 90 days, after monthly billing period. I promise to pay any legal interest on the balance due, together with any collection costs and reasonable attorney fees incurred to effect collection of this account or future outstanding accounts. I have read and understand that I am financially responsible.**

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

Patient, Parent or Legal Guardian Signature X \_\_\_\_\_ Date X \_\_\_\_\_

Print Name \_\_\_\_\_

\*<sub>1</sub> If paid within the promotional period. Minimum monthly payment required.\*<sub>2</sub> Subject to credit approval. \*<sub>3</sub> However, if we do not receive payment from your insurance carrier within 90days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier. Proper notice will be provided to you if we are having difficulty obtaining reimbursement.