W K & ASSOCIATES
"We Take Your Smile To Heart"

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Guaranty of Payment for Dental Services

We are committed to providing you with the best possible care. If you have dental insurance, we are more than happy to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy. Payments for services due are at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, checks, Visa, MasterCard, American Express, and Care Credit.

We will be happy to file all primary (and secondary, if applicable) insurance for you as a courtesy. However, please realize:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.

2. Not all services are covered by insurance contracts.

3. We many need to release dental information concerning you to your insurance carrier as part of processing your claim. By signing this form, you consent to the release of such information, including dental records, to be released to insurance companies, referring physicians and other doctors involved in your care.

4. All charges not covered by your insurance company are your responsibility form the date services are rendered.

5. All co-pays are due at the time of service.

6. There is a $30 charge for returned checks. (fee subject to change)

7. Accounts over 90 days old will be turned over to a Collection Agency.

*** NOTE: A pre-treatment estimate is the only definite way of knowing what your insurance will cover. This process is timely and will delay any dental care. Please let us know if you would like us to submit a pre-treatment on your behalf.

By signing this form, you agree that you will be responsible for any and all costs **NOT** covered by your insurance plan.

I understand and accept the above terms and provisions.

Patient / Responsible Party's Signature:

_____   **Date:** _____

Revised 01/2015