



Wall Street Dental Financial Policy

Thank you for choosing Wall Street Dental and the practice of James Yeary, D.D.S. Our primary goal is to provide premier dental care at affordable prices. An important part of that goal is to make the cost of your dentistry as easy and manageable for you as possible, by offering several payment options.

Payment Options:

We accept: Cash, Check, Visa, MasterCard, Discover Card and American Express

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash or check prior to completion of care for treatment plans over \$200.

We also offer NO INTEREST * or LOW INTEREST* monthly payment plans from CareCredit

James Yeary, D.D.S. requires payment in full by the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined by a review of your case. We do not provide in office financing except for orthodontics.

Insurance:

It is our pleasure to file your insurance claims for you. We are happy to work with your carrier to maximize your benefits and directly bill them for reimbursement for your treatment. However, if we do not receive payment from your insurance carrier within 30 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

For dental treatment plans, we will provide you with a comprehensive plan including an **estimate** of what your total treatment will cost. **The estimate will include an estimate of what your insurance will cover and your estimated portion.** The contract of your insurance is between your employer or you and your carrier. **Our office is not responsible for any uncovered fees.** If you request, we can file a predetermination of dental coverage with your primary carrier, however a predetermination is not a guarantee of benefits.

There is a \$30 charge for returned checks. If your account is sent to collections, you will be held responsible for the collection fees.

If you have any questions, please do not hesitate to ask. We are here to help you with all of your dental needs.

Patient, Parent or Guardian Signature

Date

Patient Name (Please print)

*if paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required. Subject to credit approval