

## All West Dental Financial Policy

### Welcome to All West Dental

Effective Jan 2/2008, All West Dental financial policies have changed. Due to very strict guidelines set out in the Privacy Act of 2004, we are no longer able to effectively communicate with your benefits carrier to obtain any assurance of payment. Your benefits are still very valuable and you should still use them as a means to maintain your oral health. As we are unable to obtain information from your carrier on your behalf, it is now your responsibility to know and understand your policy. At All West Dental, we diagnose and treatment plan for your oral health needs and our decisions are not affected by the coverage you have. For this reason you will often find that procedures may be prescribed that are not covered completely or sometimes not at all. As a result of these changes the following policy is in effect as of Jan 2/2008.

1. All West Dental no longer accepts assignment of benefits. Our Financial policy is now Fee for Service. Patients are responsible to pay all treatment expenses on day of service.
2. As stated, your benefits are your responsibility to know and understand.
3. As a service to our patients, we will still collect any benefit information you have and submit forms on your behalf, with your consent so as to expedite the payment to you.
4. You will receive payment directly from your carrier, generally within 7 business days.
5. All West Dental offers financing payment plans (on approved credit) through DentalCard. Please ask for more information. Applications can be processed very quickly and there are very good approval rates.
6. Following each appointment, the Treatment Coordinator will supply you with a current list of fees for your appointment, an estimate and treatment plan. For any future appointments she will discuss all treatment options with you.
7. All West Dental accepts Visa, MasterCard, Debit, DentalCard and Cash.

Please note that All West Dental requires 2 business days notice to alter any existing appointment(s).

Again, thank you for choosing All West Dental. You are about to become a part of a treatment program that will insure you receive your best Oral Health!

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Patient Signature

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Date

\*\*By signing you acknowledge that you have read and understand the policies as they have been presented to you. You also acknowledge that you have had any questions answered to your satisfaction.