Financial Policy for West 17th Ave Dental Care

We offer two different options in which your dental treatment can be paid. Please choose one of the following options.

□ **Option One**
You may pay in full at the time of service, after which we will submit your dental claim on your behalf and have the insurance company issue the cheque directly back to you.

□ **Option Two**
Direct Billing from West 17th Ave Dental Care – Assignment of Benefits from your insurance company will require a valid credit card number to be left on file. Our office will not allow any balance to extend past 45 days from date of service.

All dental procedures in our practice are treatment planned based on the dental needs of the individual patient; not limited to the benefits extended to the patient by their insurance providers.

Credit Card Authorization

I authorize West 17th Ave Dental Care to keep my signature on file and to charge my Visa/MC/Amex account for:

- Balance of charges not paid by my insurance immediately after receiving payment from insurance company.
- All outstanding balances on my family account if not paid within 45 days by my insurance.
- Charges accrued as a result of broken appointments or short notice cancellations.

Patient Name(s): _____

Cardholder Name: _____

Cardholder Address: _____

_____

Phone Number: (H) _____ (W) _____ (C) _____

Account Number: _____ Exp Date: _____

Verification Code: _____ (last 3 digits on back of card)

Cardholder Signature: _____

Insurance Authorization

I hereby authorize payment directly to West 17th Ave Dental Care for services rendered, otherwise payable to me. I authorize the release of any information relating to my dental claims through this office.
Authorize Signature: _____ Date: _____