



Office Financial Policy

Provo Office
2230 North University Parkway Suite 8A
Provo, Utah 84604
(801) 370-0050

Salt Lake City Office
515 South 1000 East
Salt lake City, Utah 84102
(801) 370-0050

This form constitutes our official financial policy. Any changes should be made in writing on this form and signed by a representative of Wisdom Teeth Only and the patient.

Non-Insurance / Cash Pay

- ✓ Payment is due at time of service. We do not carry financial contracts in our office. We do offer financing through CareCredit™ and we would be happy to help you apply for a payment plan if you wish.
- ✓ We accept Cash, Debit and Major Credit Cards (VISA, MASTERCARD, DISCOVER and AMERICAN EXPRESS).
- ✓ **WE DO NOT ACCEPT PERSONAL CHECKS**

Insurance

- ✓ Unless otherwise arranged, a \$_____ co pay is required at the time of service.
- ✓ As a courtesy to you, we will bill your insurance carrier; however, you are responsible for your entire bill. Any dispute that may arise regarding insurance coverage payment is the sole obligation of the responsible party.
- ✓ When would you be required to pay more than \$_____?
 1. If your insurance has reached its maximum before the contracted amount is paid; you will be responsible for the amount your insurance *would have paid* if it had not reached its maximum.
 2. You are responsible for procedures denied by your insurance. The most commonly denied procedure is the I.V. Sedation.

MEDICAID (Traditional Only)

- ✓ We accept **TRADITIONAL MEDICAID** only. No payment is usually required if you are a MEDICAID patient. We require a copy of your current MEDICAID card. We also require your signature for the purpose of proving to the government that you were actually in our office.

In the event that payment in full, for charges incurred, is not made; I agree to pay all costs of collection including a 40% collection fee, attorney fees, court costs and interest at the rate of 1.5% per month (18% per year until paid in full). This according to Utah Code Annotated, sec. 12-1-11.

I verify that I understand and agree to completely comply with the terms of this office financial policy.

Responsible Party Signature:	Date:
Office Personnel Signature:	Date: