

**Todd W. Westhafer, D.D.S., Inc.**  
**Financial Policy**

Dr. Westhafer is dedicated to providing his patients with the best possible care and service. It is important to us that you have a clear understanding of our financial policy. If you have any questions, please feel free to discuss them with our staff.

PERSONAL PAYMENT OPTIONS

Patients who are not covered by an insurance plan are responsible for their charges at the time of service. A payment schedule with a credit card guarantee can be arranged for these charges prior to the beginning of treatment. We accept MasterCard, Visa, Discover, American Express, checks, or cash. Financing is also available as an alternative through Care Credit.

INSURANCE/THIRD PARTY PAYORS

As a courtesy to our patients, we will bill your insurance company for the charges you incur. We will bill up to two insurance companies on your behalf. We will estimate your co-pay, which is due at the time of service. Please understand that any expected payment from your insurance is an estimate only and you are responsible for any portion not covered by your policy. Once the insurance is received, you will be billed for any unpaid portion that your carrier determines as "due from patient". In the event that your insurance plan determines a service to be a "non-covered" service or product, you will be responsible for the complete charge.

We go to great lengths to try to determine your insurance coverage including our participation in your plan, and the amount of coverage your insurance company provides. We are a provider for hundreds of insurance plans and therefore, it is impossible for us to obtain exact coverage from all of them. ***Ultimately, it is your responsibility to determine all matters relating to your insurance, including eligible providers, and your coverage. You are responsible for all charges you incur.***

MINOR PATIENTS

For all service rendered to minor patients, the adult accompanying the patient is responsible for the payment. A parent or legal guardian should be present for all patients under the age of 18.

ADDITIONAL INFORMATION

There will be an additional charge of \$35.00 for all invalid or returned checks. Any account for over 90 days for which an payment plan has not been arranged or for which payments plan payments are late or outstanding may be turned over to collections. In the event an account must be turned over to a collection agency, the patient is responsible for any fees incurred in the collection process.

\*Any charges or credits below \$4.00 will be left on account until the next visit. No bills or checks will be sent.

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY OF TODD W. WESTHAFER, D.D.S., INC. AND HEREBY AGREE TO ITS TERMS.

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Signature of patient or responsible party

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_