Robert P. Wolfenden, DDS
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Family Dentistry
1821 Wellness Lane
Trinity, FL 34655
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FINANCIAL UNDERSTANDING

To enable us to establish the best possible relationship with our patients and to avoid a misunderstanding in the future, we have established the following financial understanding. If you ever have any questions regarding your treatment or the costs involved, please feel free to speak to our clinical administrative staff BEFORE any work is initiated.

1. Payment is due to day of treatment. We are pleased to accept Visa, MasterCard or Discover in addition to cash or check. For root canal therapy, crown, bridges, dentures, partials or T.M.J. splints, one half of the total cost is due the day the work is started (impressions taken). The balance in full is due when the work is completed in the case of root canal therapy, or the day of delivery for crown, bridges splints, etc.
2. Treatment Discounts - If you would like to have your treatment fee discounted, you may do so by meeting the following criteria:
    a. Patients portion of treatment plan must exceed $1000.00
    b. Payment must be made by cash or check before appointment.
    c. A fee reduction of 5% will be given. (This cannot be used in conjunction with Dencharge, CareCredit, or Citi Health Card)
3. If you are unable to pay in full at the completion or delivery and you require extended payment, we offer Dencharge, CareCredit or Citi Health Card. This is a separate line of credit, which does not affect the balances of your credit cards. There is no annual fee. Monthly payments need only be 3% of the outstanding balance. For extensive treatment, we offer a one-year option with no interest. More details about applying for this convenient option are available from any administrative team member.
4. Dental Insurance - If you or your family is covered by dental insurance, we will be happy to file your claims providing you supply us with all the necessary information. This would include the following:
    a. Signed and fully completed claim form
    b. Insurance Card
    c. Insurance booklet or pamphlet showing your deductibles and co-payments.
    d. Photocopy of drivers license

You are responsible for your deductibles and co-payment on the day of service. If your insurance has not paid their portion within 60 days, you will be expected to submit full payment. Any amounts not covered by insurance are the patient's responsibility.

Once again, if you have any questions regarding either your treatment plan or the costs involved, please feel comfortable enough to ask any member of our dental team.

I authorize my insurance company to pay to the doctor or medical group all insurance benefits otherwise payable to me for services rendered. I authorize the use of this signature on all insurance submissions.

I authorize the doctor to release all information necessary to secure the payment of benefits. I understand that I am financially responsible for all charges whether or not paid by insurance.

I have read this financial policy and understand my patient responsibility.

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Patient Signature Date