

West Gate Dental Payment Policy

Payment is expected for services rendered on the day of service. We accept cash, check, Visa, MasterCard, and Discover for your convenience.

If you have dental insurance that we are able to verify, we will file your claims as a courtesy to you. However, you will be required to pay any deductibles, co-pays, and coinsurance percentages on the day of service. Any quotes given to you are estimates only and are subject to change.

In order to offer the courtesy of submitting insurance claims, you are responsible for providing us with accurate and current insurance information. Please notify us of ANY insurance company/coverage changes at the time you schedule your appointment or at the time of your visit.

Any unpaid balance on your account will be due in full within 15 days of receiving a statement. A finance charge of 1.50% per month (18% APR) will be charged on any balance more than 30 days past due.

For more extensive procedures, we do offer an interest free (must pay off balance in time allotted) payment plan through Care Credit. If you would like more information, please look them up at CareCredit.com or call 800-365-8295. Once you have applied and been given an account number, please notify us and our office will do the rest. You will then receive monthly statements directly from Care Credit.

There is a \$25.00 fee for all returned checks.

I have been informed of West Gate Dental's payment policy and I understand the contents. All questions and concerns have been addressed.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_