Wilson & Wilson Dentistry
LET OUR FAMILY TAKE CARE OF YOURS
1307 South Gold Street • Centralia, WA 98531
(360) 736-1114
www.centraliadentist.com

FINANCIAL POLICY & AGREEMENT

Welcome to our dental practice! We hope your visits are pleasant and relaxing. We have found that a clear understanding of our financial and office policies help relieve some anxiety associated with going to the dentist.

FINANCIAL POLICY

Fees and co-payment estimates are due at the time of service unless prior arrangements have been made. Cash payments made in full at the time of service receive a 5% discount and there is a $40 charge applied to returned checks.

PAYMENT OPTIONS

• Cash • Check • Credit Card (Visa, MasterCard, American Express) • Care Credit •

CANCELLATION POLICY

If you are unable to attend your appointment, please provide 24-hour advance notice so that we may give your time to another patient. A $40 missed appointment charge will be applied to your account if 24 hour notification is not given.

ACKNOWLEDGMENT

I, the undersigned, hereby agree to these terms. In the event of default of any amount due or if the account is placed in the hands of an agency or attorney for collections or legal action, to pay all collection costs including agency, attorney fees and court costs incurred. I also understand I am financially responsible for all charges whether or not paid by insurance. Past due accounts will incur finance charges and late charges.

_____
Patient Name

_____ _____ _____
Responsible Party Signature | Relationship | Date