

# **FINANCIAL POLICY**

## **W. Stuart Dexter DDS**

**Prairie Village Professional Building**

7301 Mission Road, Suite 206

Prairie Village, KS 66208-3031

(913) 362-8200

### **Financial Arrangements**

As a valued patient of our practice, we want to inform you of the payment options and financial arrangements available at our office.

### **Our Philosophy**

As a specialty practice, we are committed to providing you with the best possible dental care. Your treatment plan is customized specifically for you and your individual dental needs. Prior to proceeding with your treatment, we will thoroughly explain your pending treatment and provide you with an estimate of your total treatment costs. While payment is expected at the time of service, alternative financial arrangements can be made for larger amounts. This will need to be established prior to beginning treatment.

### **Insurance**

Dental insurance plans are welcome and may provide reimbursement on some procedures; however Dr. Dexter is a fee for service provider and does not participate with any insurance networks. As a courtesy, our we will file claims on your behalf. Insurance benefits do vary; remember this is an agreement between you and your insurance provider directly. Plans rarely cover all of the costs associated with treatment; we cannot estimate what will be paid on any specific treatment. We can provide necessary treatment coding and documentation for you to call and discuss treatment with your insurance provider prior to scheduling.

For patients with Medicare and Medicare Advantage plans, please be advised that Dr. Dexter does not participate in, and is not enrolled in the Medicare system. Most dental procedures performed in our office are not covered under Medicare or Medicare Advantage programs. Patients are responsible for payment at the time of service, and may seek reimbursement directly from Medicare by visiting <http://www.medicare.gov> or calling 1-800-MEDICARE (1-800-633-4277).

### **Payment**

Our office is happy to accept all major credit cards, personal checks, cash and Care Credit. Checks are accepted with driver's license and social security number required. We accept cash; however will not be able to make change as we have do not have cash on hand in the office. A \$50 NSF fee will be posted to your account for any insufficient checks returned by your financial institution. If a check is returned NSF, we will no longer be able to accept check payments. Payment in full is expected before treatment is completed.

**Financing**

If you need to pay your balance over time, Dr. Dexter’s office offers Care Credit as a third party financing option. Brochures are available at our front desk. We would be glad to assist you in applying for Care Credit. We can apply for you in our office, or you can visit their website at **www.carecredit.com** to get more information on interest free short term loans, and long term fixed financing options.

**Treatment Plans**

All estimates for planned treatment and care are just that, estimates. Please understand that should the need for additional treatment arise during the course of the original treatment plan, the fees could change. We will notify you of any fee changes and obtain your approval prior to proceeding with treatment. Estimates for dental treatment can only be extended for a period of 90 days from the date of the proposed treatment plan.

**Appointments**

Each appointment time is specifically reserved for you. We will not be able to treat patients who have a history of missed/cancelled appointments or are consistently late. We have reserved a specific time to spend with you. It is important to be on time for your visit so we can provide the best dental care for all of our patients each day.

Our office requires a minimum of 48-hours cancellation notice for any scheduled appointments. We have the right to charge a missed appointment fee of \$50 per hour scheduled.

If any patient fails to show for one scheduled appointment, the patient will be given one more opportunity to reschedule the appointment. If the second scheduled appointment is not kept, that patient may be asked to seek treatment elsewhere and missed appointment fees will be charged.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature of Patient, or parent of minor

\_\_\_\_\_  
Date