



Spencer B. Wagner D.M.D

Family & Cosmetic Dentistry, Orthodontics/TMJ
2520 N. Univ. Ave. Suite 101, Provo, UT, 84604
Phone 801-426-6255 Fax 801-224-2966

Office Financial Policy

TO our valued patients:

Today in our world of rising prices, we are trying to keep our fee increase to a minimum by implementing clear and exact payment policies. This will help reduce our overhead, thus passing the savings along to our patients. As a favor to you, we will continue to file your insurance claims

Our office will be offering the following payment policies:

1. For our patients, a 10% Professional credit on treatment plans over \$500 paid in full prior to the day of service with cash, check or, credit card.
2. Patients having Dental Insurance will be required to pay their DEDUCTIBLE and ESTIMATED PORTION prior to the time services are rendered, You will also be responsible for any balance remaining after the Insurance Company has paid the claim.
3. While the filing of insurance claims is a courtesy that we extend to our patients, WE MUST EMPHANSIZE that as dental care providers, our relationship is with the patients, not the insurance company. If we do not receive payment from your Insurance COMPANY WITHIN 45 days, payment becomes your responsibility.
4. We accept Visa, MasterCard, Discover, and American Express.
5. We have made arrangements with Care Credit and Lifestyles Lending to provide extended, affordable payment plans. Applications are available from our front office staff and quick approval can be made.
6. Help us to keep our New Years Resolution of no patients waiting. We are making every effort to stay on schedule so please be prompt for your appointments. We reserve the right to reschedule late patients.
7. Missed Appointments: All appointments made are reserved exclusively for your care. A last minute cancellation or a missed appointment is very difficult to fill. We require **24-hour notice** of any appointments you are unable to keep. Otherwise a FEE for Each hour of a broken appointment will be imposed.

Please note that we would appreciate hearing from you on Friday if you need to cancel a Monday appointment to AVOID ANY FEE.

I have read, understood and agree to the above Financial Policy.

Patient or Responsible Party _____ Date _____