

**Financial Policy – William H. Young, D.M.D.**

We welcome patients to our office for prosthodontic treatment. We strive to deliver the finest quality dental care using high quality supplies and equipment. We are dedicated to making this top quality care as cost effective as possible. We will provide a written estimate of our professional fees after the results of the examination have been discussed with the patient. Please remember these are only estimates and may change during the course of treatment. Sometimes, treatment alternatives become necessary for various reasons, which may increase or decrease treatment costs.

**Payment Options:** We ask patients to make payment for the initial appointment at the time of the visit. As a convenience, we offer a variety of payment options including: cash, check, Visa, MasterCard, Discover and American Express. When extensive treatment is required, extended and interest free payment plans (credit approval required) are also available.

**Dental Insurance:** Dr. Young does not participate directly with insurance networks; however, if a patient has dental insurance, we will file the claim as a courtesy to the patient. The insurance policy is a contract between the patient, the employer and the insurance company. Any benefits received are paid in accordance with the terms of that contract. Although we may estimate what the insurance will pay, it is the insurance company that makes the final determination on coverage and eligibility. Knowledge of policy limitations, waiting periods, etc. is the responsibility of the patient. It is important to note that we are not responsible for the benefits covered by a patient's insurance. Ultimately, financial liability for all services performed is the responsibility of the patient.

By signing this form, I consent to the financial responsibilities outlined above.

\_\_\_\_\_  
Signature of Patient/Legal Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date