

Heather Van Winkle, D.D.S.
General Dentist

Walter Homayoon, D.D.S.
Prosthodontist

OFFICE FINANCIAL POLICY

Thank you for choosing Drs. Van Winkle and Homayoon at South Shore Dental Arts. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible. We do this by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, Mastercard, American Express or Discover Card
- Payment financing from CareCredit¹
 - Allows you to pay over time
 - Convenient, low monthly payment plans
 - No annual fees or pre-payment penalties

Please note:

Our office policy requires payment at the time of treatment for one visit procedures. For procedures that take more than one visit, partial payments are expected as the treatment progresses, with payment completed by the end of treatment.²

For patients with dental insurance we will do our best to work with your carrier to maximize your benefits and provide the documentation you need to receive reimbursement for your treatment. Patients are responsible for any portion of their treatment fees that are not paid by their insurance carrier. Please refer to our policy on dental insurance for more details.

Please help us to serve you better by keeping your scheduled appointments. We require 24-hour notice for changed or cancelled appointments. Our policy is to charge for appointments missed or cancelled with less than 24-hour notice. The fee is \$100.00/scheduled hour for an appointment with the Doctor (these fees are subject to change). Multiple missed appointments may result in a patient's dismissal from our practice.

There will be a \$35.00 charge for returned checks.

If you have any questions, please do not hesitate to ask. It is our goal to provide you with the high quality oral health care that you desire and to make your entire experience in our practice as pleasant as possible.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹ Subject to credit approval

² This typically involves an initial deposit followed by the balance being equally divided by the anticipated number of visits remaining for the treatment plan

