



A WINNING SMILE DENTAL CENTER

Greg C. Witte, D.M.D.
5417 Robbs Lane • Louisville, KY 40219
(502) 969-9897
www.PerfectWinningSmile.com

FINANCIAL POLICIES

To help keep dental costs down while maintaining a high level of professional care, we have established the following financial policies:

1. Payment is due at the time services are rendered unless other arrangements are made prior to treatment. (Payments by check are subject to a \$25.00 returned check fee)
2. For treatment plans of \$1000.00 or more, a 10% courtesy discount will be given for full cash or check payment at the initiation of treatment.
3. How would you prefer to handle payments or co-payments?
_____ Cash
_____ Credit Card (Visa, MasterCard, Discover)
_____ Personal Check
_____ Care Credit (Interest free dental credit for those who qualify)
4. We will be happy to assist you in filing for any insurance benefits to which you are entitled. The benefits you receive from your insurance carrier are determined by a contract between you or your employer and your insurance carrier. Your insurance benefits will be determined as nearly as possible before or at the time of treatment and the balance is due at the time of service. Any dispute of payment by your insurance carrier is entirely between you and your insurance carrier and/or employer. Therefore, payment is your responsibility.
5. If a collection agency becomes necessary due to non-payment, any usual and customary collection fees or court costs needed to collect this debt will be assessed to your account.

I, _____ do hereby acknowledge and agree to the financial policies of A Winning Smile Dental Center, and agree to abide by these policies.

Signature _____ DATE: _____

Parent/Guardian Signature _____

Dentist _____

Witness _____