



Carol A. Wilkop, D.D.S.

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435 N. Main Street

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To Our Valued Patients

In an effort to keep our fees from rising and to keep up with the monumental expenses of bookkeeping and billing services, we have implemented these payment policies. These will help reduce our overhead passing the savings along to our patients.

1. ALL PAYMENTS FOR SERVICES MUST BE MADE AT THE OFFICE AT THE TIME SERVICES ARE RENDERED unless prior financial arrangements have been made. Payment can be made in cash, check, Visa, MasterCard, Discover or Care Credit. If you need an estimate please call in advance and we will try and give you a close estimate.
2. PATIENTS HAVING DENTAL INSURANCE. As in the past we will continue to file your insurance claims for you. You are required to pay your DEDUCTIBLE and the ESTIMATED PORTION of the fee at the time services are rendered (unless prior financial arrangements are made).
3. **FILING OF INSURANCE CLAIMS IS A COURTESY** that we are pleased to extend to our patients. WE MUST EMPHASIZE that as dental providers, our relationship is with the patient, not the insurance company. If we do not receive payment for your insurance company within 45 (forty five) days, payment becomes your responsibility.
4. There will be a 10 (ten) dollar per statement charge for all outstanding accounts 60 (sixty) days or older (unless prior financial arrangements have been made). In the event an account is 90 (ninety) days or older and is deemed necessary to be sent to collections the cost of the collections fee will be paid by the over due account.

I have read the above policies and agree to abide by them. I understand that responsibility for payment for dental services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered.

Date _____ Signed _____

If you have any questions on your insurance coverage, please ask office staff to help you understand your benefits before you start treatment.