

Woburn Dental Associates

26 Warren Ave. | Woburn MA. 01801 | (781) 933-0422

Written Financial Policy

Thank you for choosing Woburn Dental Associates. 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 by offering several payment options.

Payment Options:

You can choose from:

- Cash, Visa, Mastercard, American Express or Discover Card

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash prior to completion of care for treatment plans of \$500 or more.

- NO INTEREST¹ Payment Plans² from CareCredit

- o Allow you to pay over time with NO INTEREST¹
- o Convenient, low monthly payment plans² also available
- o No annual fees or pre-payment penalties
- o All charges paid to Woburn Dental Associates VIA Care Credit are payable *only* to Care Credit. Any refund due for uncompleted treatment will be made by Woburn Dental Associates. Woburn Dental Associates assumes no responsibility for balances due to Care Credit.

Please note:

Woburn Dental Associates requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

We accept payment in thirds for treatments under \$1500.00. For plans requiring multiple appointments, alternative payment arrangements may be provided. For larger, more comprehensive treatment plans of \$1500 or more, a 33% deposit is required to secure your initial treatment appointment.

We also offer limited in-house financing for treatments over \$1500.00.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.³

A fee of \$150.00 is charged to reschedule an appointment for patients who miss or cancel more than 3 times in a calendar year without 24-hour notice. This fee will be applied to the cost of the treatment if the appointment is kept and non-refundable if the appointment is failed or cancelled without 24 hours notice.

Woburn Dental Associates charges \$50.00 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

²Subject to credit approval

³However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier