

Weininger Dental, LLC
249 Fair Ave NW
New Philadelphia, OH, 44663

First Name:

Last Name:

DOB:

This office is happy to cooperate with individuals who are covered by dental insurance. We only ask that you carefully read your policy to be sure that you are fully aware of any restrictions that apply to the benefits provided. Dental insurance is a contract between the patient and the insurance company for reimbursing the cost of dental services (you are responsible to furnish us with the correct insurance and coverage information). Dental insurance is not a contract between the dentist and the insurance company.

We will file your secondary insurance as a courtesy to you. If primary insurance reimburses you and sends the EOB to you, it is your responsibility to forward the EOB to our office so we can file your secondary insurance. PLEASE BE ADVISED THIS OFFICE IS NOT A "PREFERRED PROVIDER" OR CONSIDERED "IN-NETWORK" FOR YOUR INSURANCE.

You are responsible for all charges regardless of Estimated insurance coverage. Claims not paid after thirty days will be billed to you for payment.

A finance charge of 1.5% (18% apr) will be added to all balances over 90 days old. If you make regular monthly payments on your account it will not be subject to finance charges. If we must pursue payment through our collection agency, you will be responsible for all added fees.

Cancellation Policy: Patients are expected to notify the office at least 24 hours prior to their scheduled appointment if they cannot keep the appointment. Failure to properly notify the office may result in a missed appointment fee of \$25. Three non-notified missed appointments may result in dismissal from the practice.

I understand that any co-payments, deductibles, and/or procedure costs not covered or denied by my insurance company, (including coverage termination prior to date services are rendered) are my responsibility. This dental office is authorized to fill out and/or assist me to complete any and all insurance forms pertaining to services rendered.

Signature: _____