



ROBERT R. WATTS | DDS |

Cosmetic and Family Dentistry
Dental Sleep Disorder Therapy

FINANCIAL POLICY

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. If you have any questions or concerns regarding this financial policy please be certain to ask us as they occur.

Full payment is due at the time of service unless prior arrangements are made. We accept cash, checks, debit cards, Visa, Mastercard or Discover. We will expect full payment of any copays or non-covered services at the time of service. We reserve the right to charge a \$10 service charge to any and all accounts 30 days past due.

We will file the forms necessary to assure you receive the full benefit of your dental insurance. We will estimate your coverage; however, many variables exist from carrier to carrier (i.e. deductibles, annual maximums, allowable fee limitations, non-covered procedures, waiting periods and other restrictions). Therefore, we cannot guarantee any estimated charges. Because your insurance company is a contract between you and the insurance company, ultimately you are responsible for all charges. Please know that we will do everything possible to see that you receive the full benefits from your insurance company. If for some reason your insurance company has not paid their portion within 60 days from the start of treatment, you are responsible for payment at that time.

The adult accompanying a minor is responsible for full payment at the time of service. Prior payment arrangements should be made for payment of non-emergency care to an unaccompanied minor, unless the minor will be paying at the time of service.

We want you to be comfortable in dealing with these matters. The purpose of this fact sheet is to inform and to urge you to consult us if you have questions regarding our services and fees.

Signature _____ Date _____

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