

Steven C. Wilburn D.M.D.

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FINANCIAL POLICY

Thank you for choosing our practice to serve your dental needs. Please take the time to read the following, initial each section and sign/date the bottom of this form.

Patient Billing: *For your convenience we accept cash, personal check, Visa and MasterCard. We deliver the finest care at reasonable cost to our patients, therefore payment is due at the time service is rendered unless other arrangements have been made. We also participate in a special medical/dental credit program that can offer up to 12 months interest free credit for dental treatment. Please ask for details about this program. (It is simple to apply for.)*

_____ ***Full payment is due at the time of service unless arrangements have been made prior to the start of any treatment.***

Insurance: *We do our best to estimate your co-payments and facilitate insurance billing for you. Most insurance companies will respond within four to six weeks. We will send you a monthly statement. Please call our office if you statement does not reflect your insurance payment within that time frame. Any remaining balance after your insurance has paid is your responsibility. Your prompt remittance is appreciated.*

_____ ***Some of your treatment may not be covered by your insurance carrier. The cost for such charges will be your responsibility.***

_____ ***Major services may require a payment equal to at least one-half of the estimated patient portion at the time service is rendered.***

_____ ***Patient balances that go unpaid for 30 days or more may incur one or more of the following charges:***

***Interest charges of 1.5% per month or 19% APR
(up to 42% of the full balance)***

Senior Discount: *All patients over the age of 65 are given a 5% discount on their entire dental bill.*

Cash Discount: *When payment by check or cash is received in full at the time of dental service, patients are given a 5% discount on those services.*

I have read and understand the above financial policy of Dr. Steven C. Wilburn:

Signature of Patient or Guardian

Date