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Westerville Dental Health Office Policy

Welcome to our office! We want to ensure that our patients are fully aware of our policies prior to any treatment administered in our office. We will discuss with you the costs involved prior to any treatment, and risks involving any treatment at your request.

As a convenience to you, we will be submitting your insurance claims. It is your responsibility to provide us with all the necessary insurance information, including an insurance card.

You will be required to pay your deductible, if applicable and all co-payments at the time of service. We estimate all insurances to pay 100% for all preventive services, 80% for all basic services, and 50% for all major services. If the insurance then pays differently than our estimated amount, your account can then be settled accordingly. Because we do not extend credit, we accept Visa, MasterCard, and Discover for your convenience, however, we also offer an outside finance company, Care Credit or Unicorn Financial, which may be of interest to you.

Any unpaid insurance balance will be the patient's responsibility, and is then payable upon receipt.

We reserve the right to charge a \$50 broken appointment fee for less than 24 hrs. notice.

I, _____, understand the above policy and agree that the services rendered to me are my responsibility in the event the insurance company does not pay my bill.

I also hereby authorize Dr. Stephen Malik and whomever he designates as assistants, hygienists, and associates at Westerville Dental Health to administer dental care, including and not limited to, procedures for the diagnosis and treatment in my care.

This authorization extends to that diagnosis and treatment mentioned above for my minor child, _____, in the event I am or am not present for any necessary treatment(s).

Signature: _____ Date: _____ Witness: _____