FINANCIAL POLICY

W. Stuart Dexter DDS LLC
7301 Mission Road, Suite 206
Prairie Village, KS 66208-3031
(913) 362-8200

Financial Arrangements

Your clear understanding of our financial policy is important to our professional relationship. Please ask questions about our fees, financial policy or your responsibility.

Our Philosophy

This is a **specialty practice** that is committed to providing you with the best possible dental care. Your treatment plan is customized specifically for you and your individual dental needs. Prior to proceeding with your treatment, we will thoroughly explain your pending treatment and provide you with an estimate of your total treatment costs. Payment is expected at the time of service.

Insurance

Dental insurance plans may provide reimbursement on some procedures. Dr. Dexter is a **fee for service provider** and does **not** participate with any insurance networks. As a courtesy, we will file claims on your behalf. We do **NOT** file medical claims. Insurance benefits vary. This is a contract between you and your insurance provider. Plans rarely cover all of the costs associated with treatment. We cannot estimate what will be paid on any specific treatment.

Payment

Our office accepts all major credit cards, personal checks, cash and Care Credit. Checks are accepted with driver's license and social security number. A $50 NSF fee will be posted to your account for any insufficient checks returned by your financial institution. In the event of a returned check, payment in full is expected within 2 weeks. If action becomes required to collect a debt, you will be responsible for any and all court costs incurred in the process and any attorney fees.

Financing

If you need to pay your balance over time, Dr. Dexter's office offers Care Credit as a third-party financing option. Brochures are available at our front desk.

Treatment Plans

All estimates for planned treatment and care are just that, estimates. Fees could change should the need for additional treatment arise during the course of the original treatment plan. We will notify you of any fee changes and obtain your approval prior to proceeding with treatment. Estimates for dental treatment can only be extended for a period of 90 days from the date of the proposed treatment plan.

Appointments

Each appointment time is specifically reserved for you. We will not tolerate patients who miss appointments or arrive late. We have reserved a specific time to spend with you. It is important to be on time for your visit so we can provide the best dental care for all of our patients each day.
For scheduled appointments on **Monday or Tuesday**, cancellations must to made **by noon** on the Thursday **BEFORE** the scheduled appointment. For scheduled appointments on **Wednesday or Thursday**, a minimum of a 48-hour notice is required. We will charge a missed appointment fee of **$100 per hour scheduled**. Failure to show up for an appointment will result in dismissal from the practice.

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Print Patient Name Signature of Patient, Parent or Guardian Date