

Telephone:
440-333-1915



WILLIAM L. EICK, D.D.S.
PROFESSIONAL ARTS BUILDING
21851 CENTER RIDGE ROAD
ROCKY RIVER, OHIO 44116

FINANCIAL POLICY

We ask that you read over our financial policy as stated below and sign at the bottom to acknowledge your receipt of this form. We will try to be as flexible as possible when there are extenuating circumstances but obviously the economics of business today do not allow us to "send a bill" or "settle up later" anymore than the grocer adds that gallon of milk and loaf of bread onto your account as in days gone by. We hope you will find these terms reasonable.

We do request payment at the time of service.

1. We will gladly accept cash, check, Master Card, Visa or Discover.
2. We will gladly accept most insurance plans under the following conditions:
 - a) We ask that you keep us aware of any change in your coverage or benefits.
 - b) We ask that you pay your estimated co-payment at the time of service.
 - c) We ask you to remember that the dental insurance coverage you carry is an agreement between you and the insurance company and should not interfere with or alter the relationship between the Doctor and the patient. We do not want treatment to be decided or dictated by insurance coverage but by what is best for your oral health.
 - d) We will do everything we can to help you obtain the maximum insurance benefits available but the final responsibility for payment rests with the patient, not with the insurance company.
3. We do offer fee discounts under certain conditions.
 - a) Prepayment Discount:
Payable prior to start of treatment. Available for full payment only. Any unpaid balance must also be paid prior to qualifying for the discount.
 1. Over \$250.00 of service, 5% of total charge when payment is made by cash or check, 2% of total charge when payment is made by Master Card, Visa or Discover.
 - b) Senior Citizen Discount:
 1. A 10% discount will be offered to patients over 65 years of age when they pay in full by cash or check at time of services. A 5% discount will be offered for payment in full with Master Card, Visa or Discover at time of services.
4. We work with Capital One Dental Fee Plan to arrange payment plans that fit your budget including interest free options.
5. Anytime that statements are sent there will be a 1.5% per month, 18% per annum, interest charge applied to any unpaid balance after 60 days.
6. There will be a \$25.00 fee added to your account for any checks returned to us for insufficient funds.

Date _____