

**David F. Woodill DDS**  
1101 Standiford Ave., Suite B-3  
Modesto, CA 95350  
(209) 526-9447

## **Financial Policy**

**Welcome to our office!** We are happy to have you as our patient and look forward to offering you and your family the finest dental care available. We know that providing complete comprehensive dental services include discussing all treatment and financial information, we find this helps reduce any anxiety associated with dental visits.

### **Patients without insurance coverage**

Fees for the treatment rendered must be paid in full on the day of service. Before treatment is performed, we will discuss the cost of the treatment and financial arrangements if needed.

### **Patients with insurance coverage**

We will provide you with an estimate of your co-payment . Your co-payment is due at time of treatment rendered in full. We will bill your insurance as a courtesy. We are not responsible for their payment, please be aware that you are financially responsible for the cost of all your treatment rendered that is not covered by your insurance. Please know that your insurance policy is a contract between you and your insurance company. We will do our utmost to help you derive the maximum benefits to which you are entitled.

- Dr. Woodill **does not** work for the insurance companies nor does he only perform dental procedures **they feel fit for you.** Dr. Woodill is strictly dedicated to providing you with the best dental service, and treatment necessary for your personal dental health.

### **Minors**

The person who brings the minor in for their dental appointment is responsible for paying the fees for the treatment rendered. If the person responsible for the bill will not be bringing in the minor, please make arrangements prior to the appointment for the payment. We will be happy to discuss the different options for this.

## **Late Payments Policy**

We realize that emergencies can occur. Should an unforeseen situation prevent you from making a pre-arranged payment, please contact our office to avoid the possibility of a misunderstanding or additional fees being added to your account.

In the event you have a balance after insurance pays or have a payment arrangement and fail to make the payment there is a \$10.00 per month late fee for every month a payment is not received.

Accounts that go over 90 days (3 months) with no payments received will be sent over to our collection agency and will be reported to all 3 credit bureaus . All legal fees will be the responsibility of the account holder.

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## Appointment Cancellation Policy

Every effort is made to make appointments for our patients on a timely basis. It is suggested that you arrive five or ten minutes early for your appointment.

Failed and canceled appointments without at least 24 hours notice may be subject to a fee up to \$50.00 per hour, at the discretion of the office. Our answering machine does take messages, and is checked regularly. Patients who are late for their appointment may be rescheduled.

We make every effort to confirm every patient's appointments, either by telephone, text message and/or Email. The responsibility for the appointment, however, is yours and the phone call should be viewed as a courtesy.

### **We accept**

Visa, MasterCard, Discover, American Express, CareCredit, HSA Cards (Health Savings Accounts), Check and Cash for payment.

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This is an agreement between David F. Woodill DDS, as creditor, and the Patient/Debtor named on this form. By executing this agreement, you consent to treatment by Dr. David F. Woodill and his staff and agree to pay for all services that are received. Once you have signed this agreement, you agree to all terms and conditions contained herein and the agreement will be in full force and effect.

Patient's Printed Name: \_\_\_\_\_

Responsible Party  
(if patient is under 18 years old): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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