

## Ben Baker, D.D.S., M.S.

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## WFE CONSULTATION POLICY

Please familiarize yourself with our financial policy. We believe that good communication concerning our policy regarding insurance and financial issues will ensure that you understand your financial responsibility.

Patient Signature or Guardian Signature	Date
Patient Name	
I have read the above policy and understand my financial appointment. I acknowledge that any questions I had regardequately answered by the staff at WFE.	_
Patients with Dental Insurance Following payment of the 75.00 consultation fee, Wichita your dental insurance for the diagnostic workup, pulp test during the appointment. If the dental policy follows a type WFE will change the assignment of benefits for the consulmeans that if your dental insurance covers any portion of insurance company will send a check for covered services that in our experience, the coverage and amounts paid for variable among dental insurance companies and plans	ting, and periapical x-rays taken ical standard assignment of benefits, tation claim to the subscriber. This the consultation fees, the dental to the subscriber. Please be aware r consultation appointments is highly
Patients without Dental Insurance Following payment of the 75.00 consultation fee, a credit of the vour treatment	of 25.00 will be applied to the cost of
check, credit card or Care Credit	ntment. This can be paid by cash,