



Wisner Family and Implant Dentistry  
Steven V. Ready, DDS  
1000 F Ave E  
PO Box 271  
Wisner, NE 68791

Phone: (402) 316-2800  
Fax: (402) 347-5302  
www.wisnerdentistry.com

---

Welcome to Wisner Family and Implant Dentistry! We are truly honored to have your trust in providing your dental care. Quality dental care is an investment in both time and money. To ensure a good doctor-patient relationship that respects everyone's time and money, it is important to understand our office expectations.

#### Dental Benefits (Insurance)

We will work with you to understand and maximize your dental benefits coverage. We will file claims on your behalf as a courtesy. Dr. Ready does not let insurance dictate the kind and quality of his care. Please understand that sometimes a patient's needs go beyond what their plan "covers". If your plan doesn't cover 100% of the charges, you will be billed for the remaining amount. If a balance remains after receiving insurance payments, we will send you a statement. We request this statement be paid within 14 days of receipt. If your insurance does not pay for services within 60 days of submitting a claim, we ask that you make payment in full and contact your insurance company for reimbursement.

#### Payment of Services

**We accept payment by cash, check, or credit card.** Co-payments and deductibles are due at the time of service. Some procedures require lab work, special materials, or custom parts, and you may be asked for a deposit prior to scheduling those procedures. We will explain proposed treatment and associated costs to give you an ESTIMATE of your plan coverage and the patient portion. Fees quoted will remain valid for 1 year from date of quote.

Financial arrangements may be made only at the discretion of the doctor. Documents will be signed by Dr. Ready and the patient that explain the terms of the arrangements. If a balance remains unpaid on your account after 90 days, a service charge of 1.5% per month, or 18% annually, will be added to the outstanding amount. All accounts in which effort to pay is not made will be subject to collections proceedings.

#### Appointment Times

Your appointment time is specifically reserved for you and our providers to complete your care at the highest level possible. We understand that life can be hectic and unpredictable at times, so please do not hesitate to call us if you have scheduling concerns. We will do everything we can to ensure a high standard of care for your visit. We require 24 hours' notice for any canceled appointments. If you will be more than 15 minutes late the doctor may determine that there is not enough time for the procedure, and you may be required to reschedule.

By signing below, you indicated you have read, understand, and agree to abide by this policy. Copies of this document are available upon request.

Patient Signature:

Date:

---

---