

THE VILLAGE DENTIST

FINANCIAL POLICY

We strive to provide you with the best care possible. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your responsibility.

Payment is due at the time of service: We accept CASH, CHECK, MASTERCARD, VISA and Care Credit

- 1) If insurance is involved, co-payment and any deductible are due at the time of service.
- 2) Payment plans may be arranged in advance.
- 3) Failure to adhere to the agreed upon payment arrangements will require full payment of current charges and advance payment of any future services.
- 4) The parent or guardian who accompanies a minor to the appointment is financially responsible for the account.
- 5) We require 48-hours notice for any change of appointment. Failure to comply may result in a \$60 fee per hour scheduled.
- 6) Have you filed bankruptcy in the past 10 years or are you currently in the process?
YES/NO

We file insurance as a courtesy to you. Insurance is a contract between you and your insurance company. Your benefits depend on what you or your employer have negotiated with the insurance carrier. It is impossible for us to have complete knowledge about the numerous dental and medical insurance companies' contracts with employers or your status with your particular company. We will not become involved in disputes between you and your insurance carrier regarding deductibles, co-payments, covered charges, secondary insurance, or other matters regarding reimbursement. If action becomes required to collect a debt, you will be responsible for any and all court costs or collection fees incurred in the process.

I understand I am responsible for all costs of treatment regardless of what my insurance carrier may or may not pay. This signature will also serve as a signature on file for assignment of benefits. I authorize release of information relating to insurance claims.

If the patient is over 18 and on a parent's insurance policy, the parent must sign the financial policy.

Patient Signature

_____ Date: _____

Patient Name: _____

Insurance Carrier Name & Address _____

Policy Holder Name: _____

Policy Holder Date of Birth _____