

VILLAGE PLAZA DENTAL FINANCIAL POLICY

In the interest of good health care practice, it is desirable to establish a credit policy to avoid any misunderstandings with our patients. We believe good communication is essential to proper care. If at any time you should have a question or problem regarding your treatment plan or your account, you are encouraged to contact our office for assistance. Our purpose here is to better serve your dental health.

ALL ACCOUNTS: Account balances not involving dental insurance are due at the time services are rendered. If there is dental insurance involved, we will ask for the patient portion to be taken care of at each appointment. If financial arrangements are necessary, please let us know prior to your appointment. Account balances outstanding more than 90 days, regardless of insurance coverage will bear interest at 18% per annum or 1.5% per month.

CROWNS, BRIDGES, PARTIALS, DENTURES & NIGHTGUARDS:

Dental care involving laboratory fees require half down at time of initial service and the balance to be paid upon completion. If there is insurance involved, we will ask for the patient portion of the services to be paid upon completion.

PAYMENT OPTIONS:

PAYMENT AT TIME OF SERVICE: A courtesy is given to all accounts if the total fee for service is paid in full at time of service or in advance of treatment.

5% cash courtesy for cash or check.
3% for credit or debit cards.

CREDIT/DEBIT CARDS: We accept Visa, MasterCard, American Express & Discover.

INSURANCE BILLING: Dental insurance will be billed as a courtesy to our patients. We are happy to assist you with your insurance plan but please be advised it is your responsibility to know your plan limitations, plan maximums and plan year with regards to dental services being rendered. We must have a current dental insurance identification card, with group number, personal identifier number of policy holder, mailing address and phone number and employer. We will also need name of insurance company, mailing address and phone number.

Most insurance plans pay only a portion of the dental service fees after the deductible is satisfied. The financial obligation for treatment remains between you and our office and is not dependent upon insurance coverage. The insurance company is responsible to the patient only, not the dentist. All insurance balances are therefore payable by the patient, should benefits be denied for any reason.

I have read, understand and agree to the above policies.

Date _____ Name _____
(Signature of person responsible)