



Dentistry that puts your comfort first.

VILLAGE DENTAL FINANCIAL POLICY

Thank you for choosing us as your dental health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we ask you to read and sign prior to any treatment. **All Patients must complete our Information and Insurance form before seeing the doctor.**

FULL PAYMENT IS DUE AT THE TIME OF SERVICE UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.

WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS or CARE CREDIT.

REGARDING INSURANCE

We accept assignment of insurance benefits; however we do require your co-pay, estimated patient portion and deductible to be paid at the time of service. *The balance is your responsibility whether your insurance company pays or not.* We cannot bill your insurance company unless you give us complete and accurate insurance information. *Your insurance policy is a contract between you and your insurance company. We are **not** a party to that contract.* Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered “reasonable and necessary” under your insurance plan.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients. We charge what is usual and customary for our area. **You are responsible for payment regardless of any insurance company’s arbitrary determination of usual and customary rates.**

FINANCE CHARGES

Any account balance will start accruing interest at a rate of 0.75% monthly, 9% APR after 90 days from the date services were provided.

ADULT PATIENTS

Adult patients are responsible for full payment at the time of service.

MINOR PATIENTS

The adult accompanying a minor and the parent (or guardian of the minor) is responsible for full payment at the time of service. We cannot be a party to any parenting plan that stipulates the splitting of out of pocket costs between parents.

MISSED or CANCELLED APPOINTMENTS

Unless cancelled, **at least 48 business hours** in advance, our policy is to charge for missed appointments at the rate of a normal office visit. **Please help us serve you better by keeping scheduled appointments.**

Thank you for reviewing our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agree to the terms and conditions of this policy:

X _____
Signature of Patient or Responsible Party

X _____
Date

X _____
Print Patient or Responsible Party Name