

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 treatment. 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: Accounts are due when services are rendered. Accounts not paid at time of service will be billed at the end of each month and become due upon receipt unless financial arrangements have been arranged with our office. Any 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, BLEACHING & NIGHTGUARDS:
We require half down at time of initial service and the balance to be paid upon completion. If financial arrangements are necessary, please see options below.

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.

PAYMENT PLANS: Available in our office through CARE CREDIT upon approval prior to service.

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 carriers 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 carrier is responsible to the patient only, not the dentist. All insurance balances are therefore payable by one of the methods listed, should benefits be denied for any reason.

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

Date _____ Name _____
(Signature of person responsible)