

**Val Vista Dental Group
Financial Policies**

Please read through carefully. This information has been compiled to help each patient better understand our financial policies.

INSURANCE BILLING

As a courtesy, our staff members will attempt to verify plan benefits prior to treatment. However, in the event that the dental insurance does not make a complete payment for services rendered, each patient is ultimately responsible for the remaining balance within 15 days from the time of service.

X _____

NOTICE OF PRIVACY PRACTICES

The privacy of your health information is important to us. Please review the laminated copy of the Notice of Privacy Practices provided to you with your paperwork. If you have any questions please ask one of our staff members.

X _____

PREDETERMINATIONS

For any patient who has a treatment plan and will be using insurance, a request for a predetermination of benefits may be made. A predetermination of benefits does provide the most accurate estimate of payment due, however it usually takes 4-6 weeks to receive a response from the insurance company, and it is still not a guarantee of payment. If you like to request a predetermination please ask a staff member to file one for the treatment that is going to be performed.

X _____

PATIENT RESPONSIBILITY

Although our staff verifies your general coverage, there may be certain plan limitations such as waiting periods, frequency limitations, age limitations, downgrades, and non-covered services. Verifying your own benefits will help to prevent receiving an unexpected bill after the claim has been processed.

X _____

FILLINGS

Our office only provides resin/composite (tooth-colored) fillings. Please be aware that some insurance companies only pay for amalgam (silver) fillings, and the patient is responsible for the difference between the two allowed amounts.

X _____

PAYMENT

Payment is required at the time that services are rendered. Our office does not establish personal payment arrangements; however, we do have an association with Care Credit through GE Capital. Patients may set up payment arrangements with them directly. If you are interested in this program please request a pamphlet from the front desk.

X _____

MISSED APPOINTMENT POLICY

Please notify our office more than 24 hours in advance when canceling or rescheduling an appointment in order to avoid a missed appointment fee. Please be aware that the missed appointment fee is \$25.00 per 1/2 hour of your scheduled appointment time.

X _____

***Once again, please remember that each patient
is responsible to know his or her own plan benefits. Thank you.**

Patient name: _____

Signature of responsible party: _____ Date: _____