Valley View Family Dentistry

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APPOINTMENT AND FINANCIAL POLICIES

The purpose of this form is to provide a clear understanding of our appointment and financial policies. Please read through the following and let us know if you have any questions.

APPOINTMENT POLICY

Our staff is dedicated to providing you with the best comprehensive dental care available. We also pride ourselves in serving you with as little wait as possible. However, one late patient can disrupt our entire schedule. Therefore, we encourage punctuality to all appointments. We value your time, and we ask that your value ours. If you are unable to keep an appointment, we ask that you provide us with 24 hours notice when possible. If two or more appointments are missed without notification, we reserve the right to initiate a missed appointment fee of \$20.00. Thank you for your understanding in this matter.

FINANCIAL POLICY

As a courtesy to you, we will happily submit your insurance claim(s). We do our best to estimate your insurance coverage, but please remember that it is only an *estimate*, and you are ultimately responsible for any unpaid balances. Dental insurance varies from one policy to another, so please check with your insurance regarding your benefits. We are happy to offer several payment options so that you can choose what best fits your needs:

CASH – includes money orders and personal checks. For those patients without dental insurance, we offer a 5% prepayment courtesy when treatment is paid for **in full at the time of service**.

CREDIT/DEBIT CARD – we accept Visa and Mastercard

- **CARECREDIT®** patient payment plans that allow you to pay over time with convenient low minimum monthly payments. With CareCredit®, you enjoy these benefits:
 - Flexible financing options
 - No annual fees or prepayment penalties
 - Quick and easy application
 - Receive a credit decision almost immediately
 - Recommended treatment can be started as soon as possible

EASY-PAY – this program allows us to capture your credit or debit card on file. Once your insurance has paid, the remainder of the balance can be charged to the card on file, or we can charge a portion of the balance at 30, 60, and 90 days until the balance is paid in full.

Because we are not a finance company, we are unable to carry a balance on your account for longer than **90 days**. Please speak with one of our front office personnel if you have any questions regarding our policies.

I (patient, parent, or legally responsible party) understand these policies and agree to assume personal and financial responsibility as a patient in this practice.	
Signature:	Date:
$\dfrac{\mathrm{HIPPA}}{\mathrm{IIPPA}}$ I have had the opportunity to review the	Notice of Privacy Practices from Valley View Family Dentistry.
Signature:	Date: