

## FINANCIAL POLICY OF THE OFFICE OF Cissna Park Dental

Welcome to all new and established patients. Because it is the mission of our office to provide for your dental health needs as thoroughly and efficiently as possible, we are issuing this financial policy, so as to answer any questions you may have in this regard. As always, we endeavor to make your visit with us a pleasant and comfortable one. We hope this statement will further this goal.

The following is our office policy regarding payment options for dental services. (Please check one.)

### New Patients

We request that all new and emergency patients pay in full at the time services are provided.

### Insurance Patients

Bill my insurance company directly.

1. I will pay my yearly deductible, and then my co-payment at each subsequent visit.
2. Should my insurance carrier not provide payment to Dr. Vallone within 60 days, regardless of reason, I understand that I will be responsible to make payment at that time.
3. On crowns, bridge work, partial and full dentures, I will pay ½ of my estimated portion of the balance on the first visit and the other ½ on the final visit for that treatment.

I will pay in full as services are rendered, and my insurance company will reimburse me.

Please remember that your insurance policy is a contract between you and your insurance company. We are not a party to that contract. It is physically impossible for us to have knowledge and keep track of every aspect of your insurance. **It is up to you to contact your insurance company and inquire as to what benefits your employer has purchased for you.** As a courtesy to you, our office will send in a pre-treatment estimate to your insurance company at your request. If you have any questions concerning the pre-treatment estimate and/or fees for service, it is your responsibility to have these answered prior to treatment to minimize any confusion on your behalf.

### Cash Patients

I will pay my charges in full as services are rendered.

1. On crowns, bridge work, partial and full dentures, I will pay ½ of the charge at the first visit, and the other ½ at the completion of that treatment.

### All Patients

Payments may be made to this office with cash, personal checks, Visa, Mastercard, and Discover cards. We also accept telephone credit card authorizations. We want to make this aspect of your dental treatment as easy as possible. Our front desk personnel can explain these options to you in more detail. In the case of children of divorced parents, the custodial parent will be financially responsible for providing this office with payment, regardless of divorce settlement. All minor patients should be accompanied by an adult. This adult is responsible for payment of services performed on the minor at the time of service.

### Service Charges

For those patients who have an unpaid balance of over 60 days, we will add a 1.5% per month service charge onto the balance. On accounts past due 90 days, the patient will be responsible for all collection costs, court cost, and attorney's fees related to collecting the unpaid balance. **Please understand that you are responsible for the balance due on your account as a result of any and all professional services rendered by this office, regardless of your insurance status.**

We wish to thank you for choosing us as your dental treatment provider. If at any time you have questions regarding any treatment, fee, or service, feel free to discuss your concerns with us.

I have read the above policy and agree to its terms and conditions.

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Signature of Patient (Parent or Guardian if minor)

Patient's Name (Please Print)

Date