

VICENTE FAMILY DENTISTRY

Our Financial Policy

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy which we required that you read, agree to sign prior to any treatment.

- All patients must complete our "Patient Information Form" before seeing the doctor.
- Full payment is due the day of service.
- We accept cash, Visa, Master Card, American Express, Apple Pay.

Regarding Insurance

We may accept assignment of insurance benefits, however 20-50% of the bill is to be paid the day of service. The balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not a part to that contract. If your insurance company has not paid your account in full within 60 days, the balance of your account will be due. Please be aware some and perhaps all of the services provided may be "non-covered" services and not considered reasonable and necessary under your insurance.

Regardless of the insurance company's determination of usual and customary rates or amount of assignment, you are required to pay the full amount charged.

Missed Appointments

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal visit. Please help us serve you better by keeping scheduled appointments. Thank you for understanding our Financial Policy. One of our goals is to reduce the cost of billing and thereby keep the costs of our services as low as possible to all patients. Please let us know if you have any questions or concerns.

I have read, understand, and agree to the above Financial Policy

Patient or Responsible Party Name: _____

Signature: _____

Date: _____