

Valley View Dental

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 and keeping your scheduled appointments is considered part of your treatment program. Your clear understanding of the Financial Policy and Cancellation Policy is important to our professional relationship. Please talk to our office team if you have any questions.

Financial Policy

- **Full payment is due at the time of service.**

Our office accepts assignment of insurance benefits. We verify eligibility and coverage for all insurances; if your insurance company is expected to pay a portion of your bill, we will wait for that portion from them. It is your responsibility to pay copays, deductibles, and any amount not expected from your insurance at the time treatment is provided. If you do not have insurance, or if our office does not accept assignment from your insurance company, then payment is due in full at the time of treatment.

If your insurance company has not paid the full balance within 60 days, the balance of your account will become your responsibility. Please be aware that some and perhaps all of the services provided may be "non-covered" service and not considered necessary under your dental insurance. An example of such a service is "tooth colored" composite fillings. Many insurances only pay for metal fillings; in such an case, you will be responsible for the difference in cost.

In addition, your insurance company may pay based on fees considered "usual and customary" that differ from ours. Our practice is committed to providing the best treatment possible for our patients and we charge what is usual and customary for our practice. You are responsible for payment in full regardless of your insurance company's arbitrary determination of "usual and customary" rates.

Please remember that insurance is a contract between you and your insurance company. Our office is not a part to this contract. **You are responsible for the timely payment of your account.**

Our office accepts cash, check (with valid ID), Visa, Mastercard, American Express, Discover, and Care Credit.

Cancellation Policy

- **Appointments must be kept unless 48 hours notice is given, Otherwise**
- **there will be a \$50.00 charge.**

We believe that the dental appointment represents a shared responsibility for both the doctor and the patient. In order to have quality dental care at an affordable cost, these appointments must be kept.

In the event that you need to change a scheduled appointment, our office requires **48 hour** notification. If an appointment is not kept or is changed within 48 hours, future appointments will only be held if you contact our office to confirm those appointments. If you fail to confirm your appointments, our office reserves the right to cancel your appointment or those of your family members. After two missed appointments, we will no longer be able to reserve appointment time for you in advance.

Thank your for understanding our Financial Policy and our Cancellation Policy. Please let us know if you have any questions or concerns.

I have read the above and fully understand the terms thereof.

Signature (Parent or Guardian if patient is a minor)

Date

815.372.0100

Fax: 815.372.0300

www.vvdental.com