



Village Dental

Financial Policy Agreement

Thank you for choosing Village Dental. For your convenience, we accept the following methods of payment for our services:

- Cash or check
- MasterCard, Visa & Discover
- Care Credit

In an effort to provide you with excellent service, we will submit claims to your insurance company for you and accept direct payment on your behalf from your insurer. Any amount due that is not paid by your insurance company is your responsibility along with any fees we may incur when filing a claim for you. If payment is not received by us from your insurance company within 30 days from the date service was provided, we require you to make payment in full to our office immediately unless other arrangements are made and agreed to in writing with our office in advance. All balances are considered past due if not paid in full within 30 days of the date of service.

If you have any questions about your policy's coverage, contact the insurance carrier or your employer. We cannot provide you with advice about your policy.

Past due amounts are subject to a late fee of 1.8% per month or the maximum amount permitted by law, whichever is greater, and are sent to a collection agent. All fees and expenses that we may incur in an attempt to collect a debt, including but not limited to legal fees and agent fees are your responsibility. Any settlement you may make with a collection agent is not binding upon Village Dental. You are responsible for the balance of your account with us, less any amount we have received from the collection agent.

I hereby authorize treatment for myself and all members of my family and agree to pay all fees and charges for treatment. I authorize Village Dental to release any information about me and/or any family member receiving treatment to my insurance company and hereby assign payments from my insurance company to Village Dental.

I have read and agree with this policy:

Signature _____

Date: _____

Printed Name _____