



Treasure Valley DENTAL CARE

FINANCIAL POLICY

Payment for services is due at the time service is rendered unless financial manager has approved payment arrangements in advance. We accept **CASH, CHECKS, CARE CREDIT, MASTERCARD, VISA, AMERICAN EXPRESS, and DISCOVER.**

As a courtesy to our insured patients we will file your insurance claim for you and accept the assignment of benefits, however, any co-payment and deductible is due at the time of service.

. Your insurance is a contract between you and your employer, and the insurance company. We will do our best to inform you of your contract benefits but it is ultimately the patient's responsibility to be aware of the particular contract provisions of restrictions. We will not be liable for services not covered in an individual's contract. In providing proper dental care, we will assume all patients' desire to complete their dental treatment needs in a timely fashion. It is the patients' responsibility to monitor their insurance maximum, and inform us if they do not wish to exceed the limit. Patients should be aware of dental treatment provided in another office will affect their insurance maximum, and our office would be unaware of such treatment performed.

. Balances older than **30** days are subject to interest charges of **18% APR** (regardless of any insurance claim status). Any refund due to you will be processed monthly. Requested patient records will be released after account balance is cleared of any balance due.

. Returned checks are subject to a \$25 collection fee.

. Broken appointments and appointments cancelled without a **24** hour notice are subject to a **\$50** fee.

. Your name and address are never sold to a third party.

TREATMENT PLANS AND INSURANCE ESTIMATES

Treasure Valley Dental Care provides treatment plan and financial estimate at check out. I understand that this is an estimate, and that my treatment may change during the procedure due to the extent of the decay, patient behavior, or other unexpected situations.

Print Name

Signature

Date