Financial Policy

In order to provide the highest quality dental care, we provide our patients with an estimated fee. Please review the following options:

1. Co-payments from patients with insurance coverage are expected at the time of treatment.
2. Patients without insurance coverage are responsible for payment in full at time of services rendered.
3. We accept all major credit cards: Visa, Mastercard, American Express and Discover. For your convenience a credit card may be kept on file for any agreed upon charges.
4. Interest free extended payment plans are available through Care Credit.
5. A third party fee will be assessed once an account is turned over to collections. You will be responsible for all third party fees.

Signature:_____ Date: _____

Insurance Policy

Providing accurate insurance information will allow us, as a courtesy to file your claim in a timely manner and to maximize your benefits, but be advised this is an agreement between you and your insurance company. However if we do not receive your payment from your insurance carrier within 90 days, you will be responsible for the payment. Ultimately the patient is responsible for all fees for services rendered. Because we cannot guarantee your benefits it is in your best interest to familiarize yourself with the terms of your policy.

I understand that I am responsible for estimated deductibles and co-payments at the time of service. I understand that I am responsible to notify Vance Family Dentistry of any changes to my insurance policy. I agree to be responsible for payments of all services rendered on my behalf or my dependants.

Signature: _____ Date: _____

Cancellation Policy

Your dental needs are a priority therefore, it is important that you keep your dental appointment to maintain optimal dental health. However, we understand there are times when an appointment has to be changed. In order to accommodate other patients and avoid any unnecessary cancellation fees we require a 24-hour cancellation notice.

I, _____, give permission for Dr. Vance and his staff to share my information with the following people.

_____

_____

____ I do not want my information shared with anyone.

Signature_____Date: _____