Green Valley
DENTAL

FINANCIAL POLICY

Thank you for choosing our practice as your dental care provider. We are committed to the success of your treatment. Please understand that payment of your bill is considered a part of your treatment. All patients must complete our Information and Insurance Form before seeing the doctor.

It is our policy that all outstanding balances are paid in full at the time of treatment. Co-pays, deductibles, co-insurance as well as non-covered services are your responsibility.

We accept *CASH, CHECKS, VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER* and *DEBIT CARDS.* We reserve a right to assess a fee of $35.00 for returned checks, in addition to any fees charged by your financial institution.

INSURANCE

Our office takes pride in your smile and in your peace of mind. Since you are responsible for any treatment costs not covered by your insurance plan, please be prepared to make payments for your out-of-pocket expenses at the time of treatment.

If you have dental insurance, we are glad to assist you in obtaining maximum benefits from your dental insurance plan. To help us assist you, please have your insurance card available. Once your plan coverage is verified, as a benefit to you, we will submit any services to your insurance company for payment of the portion covered by your policy.

Please note that while we will bill your insurance as a courtesy, it is ultimately your responsibility to understand the provisions and limitations of your policy. You can refer to your insurance provider to be clear on what your expected out-of-pocket expenses will be, a Customer Service Number is located on the back of your insurance card.

MISSED APPOINTMENTS

Please consider your schedule carefully when making appointments. We ask that you to contact us if you find you'll not be able to make it to your appointment. This gives us an opportunity to allow another patient the benefit of an earlier appointment. Please call or email us at least 24-hours in advance of your appointment should you wish to reschedule.

MINOR PATIENTS

Any adults accompanying a minor and/or the parents/guardians of the minor are responsible for out-of-pocket expenses at time of treatment.

CONSENT

You may be asked to sign this financial policy electronically at the Front Desk. You may keep this copy of our policy for your records. Thank you for choosing Green Valley Dental!

SIGNATURE OF PATIENT, PARENT, or GUARDIAN: _____ **DATE:** _____