

FINANCIAL & CANCELLATION POLICIES



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**We strive to provide excellent dental care to all of our patients.
To help us best serve you, please read and agree to the following policies before treatment.**

Financial Policy & Insurance Information

All patients must complete our patient information and insurance forms in advance of their appointment.

It is our policy that all outstanding balances are paid in full at the time of treatment. Co-pays, deductibles, co-insurance and non-covered services are the patient's responsibility. We accept cash, checks, all major credit & debit cards and Care Credit. We reserve the right to assess a fee of \$35 for returned checks, in addition to any fees charged by our financial institution.

If you have dental insurance, please bring your insurance card to every appointment so we can best assist you and verify plan coverage. While we are happy to bill your insurance provider as a courtesy, it is ultimately your responsibility to understand the provisions and limitations of your policy. Since you are responsible for any treatment cost not covered by your insurance plan, please be prepared to make payments for out-of-pocket expenses at the time of treatment.

Minor Patients

Any adult accompanying a minor and/or the parent or guardian of the minor are responsible for the payment as outlined above at the time of treatment.

Cancellation Policy & Missed Appointments

Please consider your schedule carefully when making appointments. We require notice 48 hours prior to your scheduled appointment in the event you need to reschedule or cancel. This allows for other patients to be scheduled into that appointment. If you miss an appointment without contacting our office, we need to assess a fee of \$35 (which cannot be billed to insurance). No future appointments can be scheduled nor can records be transferred without this payment of fee.

I, _____ (print name), have read this policy and agree to the terms.

Patient Signature _____ Date _____

Team Member Signature _____ Date _____