

Our Financial Policy

Quick View

<u>Policy:</u>	Payment is required at the time of service. If you need to make financial arrangements please inform us in advance, prior to your next appointment.
<u>Methods of Payment:</u>	We accept credit cards (Visa, MasterCard, Discover and American Express), ATM's, Cash, personal check (electronic fund transfer) and CareCredit.*
<u>Insurance Payment:</u>	As a courtesy to you our office will submit a dental claim to your dental insurance company at no additional fee to you. However, you are responsible for the cost of all services regardless of the coverage your particular policy may or may not offer. The portion of your service not covered by the insurance company will be determined by an estimate and/or a "Pre-Authorization". This portion known as the "co-payment" is expected to be paid at the time of service. Adjustments are sometimes needed when the final insurance reimbursement has been received by our office. Any balance you may owe as the result of an adjustment would be due and payable within 30 days from the date of service.**
<u>Credit Card on File:</u>	As a courtesy to you we are able to keep your credit card information on file to aid in future payments for treatment done or needed for Insurance under-payments. You decide how much the card can be charged per transaction. Your information is secured and the office adheres to all HIPAA Compliances.
<u>Our Treatment Coordinators:</u>	You will be informed of the ESTIMATED cost of your treatment. Please note that all payments are required at the time the service is rendered.
<u>Cancellation Policy:</u>	We require a 24-hour notice prior to any cancellation and/or rescheduling. The fee will be determined by the procedure scheduled and the appointment missed.
<u>Assignment of Benefits:</u>	I will authorize <u>Robert Haze, D.D.S. Valleywide Dental Group Inc.</u> to release any information necessary to adjudicate any claim with my insurance company for services rendered and understand that if the insurance company does not pay for any service rendered, I will be solely responsible for all fees associated with any unpaid claim.
<u>Medical Record Fee (X-Rays):</u>	The fee associated with copying, downloading to Compact Disc or E-mailing is \$35.00. Additional information will be priced accordingly.
<u>Lab Cost / Non-Compliance:</u>	Patients who have started procedures that are not completed in a timely matter will be assessed a lab cost fee, a fee for materials used and a fee for the Doctor's time. Any claim that cannot be paid due to non-compliance by the patient will also be assessed all appropriate fees. The patient is also financially responsible for any and all refund requests by any parties including insurance companies if the patient fails to allow us to complete any procedure in a timely manner. (i.e. Crowns, Fixed Bridges, Partials, Implants).

Payments & Collections

The patient understands that the office and the patient enter into a contract where the dentist agrees to provide dental services for a fee and the patient agrees to pay for the services rendered. In the event that an account is released to a collection agency it shall be understood that it was/is due to the patient non-compliance or breach of contract between the patient and the provider. The relationship may be affected and it will be up to the office to determine the future of that relationship.

Full Details

We the staff of Valleywide Dental, Inc., thank you for choosing us as your dental provider. We consider it a privilege to serve your needs and we look forward to doing so. We are committed to providing you with the highest quality care and building a successful provider-patient relationship with you and your family. We believe your understanding of our patients' financial responsibility is vital to that provider-patient relationship and our goal is to not only to inform you of the provisional aspects of that financial policy, but also to keep the lines of communication open regarding them. If at any time you have any questions or concerns regarding our fees, policies, or responsibilities, please feel free to contact us at 661.267.4000.

We believe this level of communication and cooperation will allow us to continue to provide quality service to all of our valued patients. Please understand that payment for services is an important part of the provider/patient relationship. If you do not have insurance, proof of insurance, or participate in a plan that will not honor an assignment of insurance benefits, payment for services will be due at the time of service unless a payment arrangement has been approved in advance by our staff.

We accept payments for your convenience, such as cash, money order, MasterCard, Visa and in-state checks. A \$35.00 service fee will be charged for all returned checks. Additionally, you may authorize us to keep your credit card on file for your convenience knowing that we adhere to the highest level of information security.

We realize that temporary financial problems may affect timely payment of your account. If this should occur, please contact us for assistance in the management of your account. Our goal is to provide quality care and service. Please let us know immediately if you require any assistance or clarification from anyone within our business.

Insurance

Please remember that your insurance is a contract between you and your insurance carrier. We will, as a courtesy, bill your insurance and help you receive the maximum allowable benefit under your policy. We have found that patients who are involved with their claims process are more successful at receiving prompt and accurate payment services from the insurance carrier. We do expect patients to be interactive and responsible for communicating with your insurance carrier on any open claims.

It is your responsibility to provide all necessary insurance eligibility, identification, authorization, and referral information and to notify our office of any information changes when they occur. It is also the patient's responsibility to inform us if they have been to another office within the same contractual year. Even a pre-authorization of services does not guarantee payment from your insurance carrier. We also require photo identification and a valid Social Security Number when accepting insurance information. It is the patient's responsibility to know if our office is participating or non-participating with their insurance plan. Failure to provide all required information may necessitate patient payment for all charges. When insurance is involved, we are contractually obligated to collect co-payments, co-insurance, and deductibles, as outlined by your insurance carrier.

Please be aware that "out-of-network" insurance carriers often prohibit assignment of benefits and may try to limit their financial liability with arbitrary limits, exclusion, or reductions such as reasonable and customary or usual and prevailing reductions (UCR). Our fees are well within such ranges and although we will assist in filing of an appeal if these limitations are imposed, you as the guarantor are responsible for all out-of-network fees. If we are not contracted with your carrier, we will not negotiate reduced fees with your carrier.

Miscellaneous Forms, Additional Information and Authorizations

We will provide all necessary information to have your benefits released and paid. However, if it becomes necessary to submit redundant or unnecessary information for the completion of the claim forms for school, sport, or extracurricular activities; there will be an administrative fee, not to exceed \$35.00, for the additional information.

Missed Appointments

We require notice of cancellation 24 hours in advance (be mindful of weekends and holidays). This allows us to offer the appointment to another patient. If you fail to keep your appointment without notifying us in advanced, a missed appointment fee will apply. These fees are typically \$25.00/\$50.00 but not to exceed one-half of the cost of your appointment. ***Repeated missed appointments without notification and last minute cancellations may cause you to be discharged from the practice so that we can provide care to other patients.***

Medical Records Fees (X-Rays)

Patients are entitled under federal law to have access to their protected health information and we follow all rules, guidelines and exceptions to ensure compliance to patient rights. However, providers also have the right to be compensated for records and our fees are a reasonable cost-based fee for copies, including the copying, supplies, labor, and postage of the files and or summaries.

Please Note: that X-Rays are the property of the office and even if you or your insurance company paid for x-rays to be taken, the fee was for the service, and not the actual x-rays themselves. A copy may be released for a fee, but the originals will always be the intellectual property of the office.

Timeline of Appointments

We try to see everyone in a timely manner, but if we are taking too long, please let our receptionists know so that we can best serve your needs and reschedule if necessary.

I have read and understand the above financial policy. I agree to assign insurance benefits to Valleywide Dental, Inc. whenever applicable. I also agree, in addition, to the amount owed, I am responsible for all costs of collection, if such actions become necessary. I also acknowledge that if my insurance company were to send payment directly to me, that I will immediately send it to Valleywide Dental, Inc., or face legal action. I will ensure that Valleywide Dental always has my current information (i.e., current address, current I.D., current phone numbers and current insurance information).

Patient Name (Please Print): _____

Date: _____

Patient Signature, Parent or Guardian Signature: _____

Date: _____

**Zero financing if paid within the promotional period. Otherwise, interest will be assessed from purchase date. Minimum monthly payment required and subjected to credit approval.*

***However, if we do not receive payment from your insurance carrier with 60 days, you will also be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier. A 12% interest fee may be applied.*