

GUIDELINES AND RESPONSIBLE PARTY

DENTAL BENEFIT PLANS

You, as the patient, are responsible for all charges regardless of insurance coverage. It is your responsibility to know your insurance benefits, frequencies, and limitations. However as a courtesy to our patients, we will file your dental insurance for you. We will, to the best of our ability, provide the insurance company with all necessary radiographs and narratives to get your insurance claim paid. There are times however when a dental claim goes to a dental review board for consideration. It is within the review boards' discretion to accept or deny the claim. If the claim is denied, then the patient is responsible for payment. You as the insured have the right to appeal, but at that point when we have exhausted all our means, we cannot get involved and the balance must be paid in full by the patient.

PAYMENTS

We do not accept post dated checks. There will be a **\$25.00 charge** on all returned checks, and the balance must then be paid in full in cash or money order only. We are providers for many insurance companies; therefore we accept the reduced fee in which they allow us to charge. Please keep in mind that when we inquire for verification and / or pre-determination of benefits, nothing is guaranteed. It is only an estimate until the insurance companies review the claim.

MISSED APPOINTMENTS / LATE CANCELLATIONS / LATE ARRIVALS

Your appointment time is reserved for you. Broken appointments represent a cost to us, to you, and to other patients who could have been seen at that time set aside for you. Please call our office and speak to the patient coordinator 24 hours prior to your appointment if you must cancel or reschedule. Unfortunately, if the required notice is not given a fee of \$25.00 will be charged and immediately payable. Excessive abuse of this policy may result in discharge from the practice.

Due to the many variations in insurance policies, it is no longer an easy task to interpret each individual policy. Although we try very hard to stay aware of these changes, it is not always possible. If a procedure or service is performed that is not covered, or we are given wrong information from your carrier in reference to your benefits, you will be responsible for that charge. Therefore, we urge you, the patient, to please verify your benefits (as we do) prior to any dental appointment. You need to verify that the procedure is covered by your insurance company. **IT IS YOUR RESPONSIBILITY TO KNOW YOUR INDIVIDUAL POLICY COVERAGE!!!** **YOUR POLICY IS BETWEEN YOU AND THE INSURANCE COMPANY. WE FILE YOUR CLAIM AS A COURTESY.** Your failure to verify insurance coverage could result in you being responsible for all costs. We at Village Center Dentistry will make every effort to verify and assist you in obtaining this information.

I have read and understood Village Center Dentistry's office policy. I agree to assign insurance benefits to Village Center Dentistry when necessary. I also agree that should it become necessary to forward my account for collection proceedings, in addition to the amount owed. I will also agree to be responsible for the fees associated with the costs of collection.

Patient Name (**Print**)

Patient/Guardian Signature

Date