

Patient Financial Responsibilities
Vason Family Dentistry

Our mission is to deliver exceptional quality dental care for you and your family. This statement is designed to assist you in understanding our payment policies.

Full payment is required for all professional services rendered. Also, payment for past services is required before additional services and treatment may be received. We accept cash, major credit cards, money orders, personal checks with a valid photo ID, and third party financing through Care Credit.

Dental Insurance: If our practice accepts your insurance plan, we are happy to file claims on your behalf. We will make every reasonable effort to collect covered amounts from your insurance company for you. You agree to pay for your dental services in full at the time services are rendered and we will file your dental claims for direct reimbursement (***the insurance check will come to you***). We will continue to file your insurance first for your dental hygiene appointments. If there are any discrepancies with your insurance carrier's payment we'll send a statement in the mail.

For the practice to file your insurance, we must have a valid photo ID and a copy of your **current** insurance card. It's your responsibility to inform us of any changes in insurance, patient address or phone numbers. **Please bring your insurance card to every visit so that we can confirm your current coverage. Otherwise, the visit will be considered self-pay.**

Our priority is the quality of your dental care. Your insurance policy is a contract between you, your employer (in some cases), and the insurance company. Insurance estimates quoted are based upon information provided to us by your insurance company and are estimates only. They are not a guarantee of payment. **You, the patient, are responsible for payment of all services provided.** Insurance companies typically pay submitted claims within 4-6 weeks. After 60 days, any unpaid claims will be resubmitted by our office and we ask you to pay your balance in full. We will refile your dental claim as a courtesy to you to have your insurance company reimburse you.

Self-Pay Patients: Our practice welcomes patients who do not have insurance coverage. If you are a self-pay patient, we ask you to pay in full at the time of service. If for any reason you are unable to pay in full at the time of service, speak with our office manager ***in advance*** of the visit to determine if reasonable payment arrangements can be established.

Delinquent Accounts: Accounts over 90 days past due will be referred out for collection and may adversely affect your credit. You agree to pay all fees incurred if outside collection is required.

Cancellation Policy: Patients are seen by appointment only and are scheduled with your needs in mind. We require 24 hour notice for cancellations or reschedules. This allows us adequate time to notify patients on a waiting list for an appointment. A fee of \$50 may be charged for cancelled appointments with less than 24 hours of notice. A fee of \$75/hour will be charged for failed appointments (no shows).

I have read the above information and agree to these terms. I hereby authorize the release of any dental information necessary to process insurance claims. I authorize the payment of insurance benefits to be directed to J. Hamilton Vason, Jr. DDS, P.C. (DBA Vason Family Dentistry).

Patient/Responsible Party (Print Name)

Signature

Date