

Financial Policy

Velez Family & Cosmetic Dentistry is committed to providing you with the best possible care. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility.

- **FULL PAYMENT IS DUE AT TIME OF SERVICE.**
- **WE ACCEPT CASH, CHECKS, MAJOR CREDIT CARDS, AND CARE CREDIT.**
- **WE ALSO PROVIDE IN-OFFICE FINANCING OPTIONS FOR QUALIFIED PATIENTS.**
- **VELEZ FAMILY DENTISTRY PROVIDES INSURANCE BILLING AS A COURTESY TO OUR PATIENTS. THE PATIENT PORTION OF PARTICULAR DENTAL SERVICE(S) IS ESTIMATED AND DUE AT THE TIME OF SERVICE.**

ADULT PATIENTS

Adult patients are responsible for full payment at time of service

MINORS ACCOMPANIED BY AN ADULT

The adult accompanying a minor, his/her parents or guardians, are responsible for full payment at time of service.

UNACCOMPANIED MINORS

The parents or guardians are responsible for full payment at time of service. Non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, or to Visa, Master Card or Discover. We do not accept American Express payments for visits by unaccompanied minors.

DENTAL INSURANCE BENEFITS

Velez Family & Cosmetic Dentistry provides dental insurance billing as a courtesy to our patients. The patient portion of particular dental service(s) is estimated and due at the time of service. This amount may be subject to adjustment when the dental service(s) claim(s) are adjudicated by the insurance company. In addition, certain insurance companies have annual limitations for the amount of dental services that can be reimbursed within each plan year. If you or your family exceed these annual limitations in any plan year, you will be responsible for the full amount of dental services that exceed the particular plan's limitations. The patient is responsible for monitoring the amount of his/her remaining benefits for any annual benefit period. The patient may not rely upon any information provided by Velez Family Dentistry staff regarding his/her remaining benefit in any such benefit period.

The claims we submit to insurance companies indicate that you have assigned those benefits to Velez Family Dentistry. However, if you are paid by the insurance company instead of Velez Family Dentistry, you then become responsible for the total account balance and payment would be expected immediately.

If you or your family has more than one dental insurance benefit, we will assist you in obtaining the maximum benefits available.

You as a patient are always responsible for any charges that are not covered by your insurance.

DELINQUENT PAYMENTS

Delinquent payments will be charged a collection fee once the account has been submitted to a collection agency. Attempts by our office will be made to collect the fee and final delinquency notices will be sent to accounts being sent to collections.

CANCELLATIONS AND MISSED APPOINTMENTS

Please provide a 24-48 hour notice if you will be needing to change or cancel an appointment. This courtesy makes it possible to give your reserved room to another patient. A \$25 charge will be incurred for repeated missed appointments and late cancellations. We feel that our patients' time is valuable. When your appointment is made, a room is reserved, your records are prepared, and special instruments are readied for your visit. You can expect our team to be prompt and courteous with your time. We, of course, would appreciate the same courtesy from you. Thank you!

Responsible Party Signature

Date