



The Village Dentist Financial Agreement

Our office understands dental insurance and we will be happy to assist you in obtaining the maximum benefits specified in your contract. We will process your claims and accept “assignment of benefits” in most cases with the following agreement.

1. Your dental benefit program is a contract between you, your employer, and the insurance company. **We are not a party to that agreement.**
2. Our fees are generally, but not necessarily covered in full by the maximum allowance determined by your specific insurance.
3. Not every dental service is a covered benefit in all contracts. This office recommends treatment based on patient need, **never on what the insurance company will cover.**
4. The estimated co-pay must be paid at the **time of the appointment.** If the insurance company pays less than anticipated, any amount not covered becomes your personal account balance. Any insurance balance not paid in 90 days from the time of service becomes a personal balance. If there is no insurance coverage, your balance is due at time of service.
5. If you do not provide enough information for us to determine your co-pay or to submit a claim for services rendered, you will be expected to pay for services in **full at the time of the appointment.** Your insurance company will reimburse you for covered expenses once we have received the necessary information to submit a claim. We can then accept assignment of benefits, if you prefer.
6. If the insurance company pays more than anticipated, we will credit your account. If the insurance company overpays in error, we will issue a refund to the insurance company directly and **the balance then becomes your responsibility.**
7. We do not have any knowledge of your insurance plan changing, therefore we expect you to update us with any new insurance policy or changes. If you fail to provide us with the updated information, **the balance becomes your responsibility.**
8. We require a reservation fee to reserve time with the Dentist for appointments that are an hour or more in length.
9. Financing options are available through **Care Credit.** Ask the front office for an application.
- 10.** If you have questions regarding your insurance policy at any time, feel free to ask the front office staff and we will be happy to answer any questions you may have. **We do encourage you to become familiar with your insurance policy.**

Any front office member will be glad to discuss your proposed dental treatment and answer any questions you might have as to the involvement of your dental benefits program in receiving this care.

I have read and understand the above agreement. I hereby authorize payment of dental benefits directly to Jeffery Van Hook, D.D.S.

Signature _____

Date _____