

THE VALLEY DENTAL GROUP, INC.

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Akron, Ohio 44313
330-867-8354
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PAYMENT POLICY ACKNOWLEDGMENT

Dear Patient:

In an effort to control fees, we recognize that one of the best methods is to control costs. We have therefore instituted the following policies as an aid in controlling bookkeeping and overhead expenses.

For those Patients who do not have dental insurance, payment in full is expected for services rendered on the day of service, unless prior financial arrangements have been made.

If the Patient or Responsible Party has an insurance program, the Office will produce and send claims to the insurance carrier, provided evidence of benefits (insurance card, employment verification) is presented to the office.

The Office will not be responsible for follow-up of delayed insurance payments or for negotiation of any settlements on any disputed insurance claims regarding any services rendered by the Office. When there is a delay in receiving payments from the insurance carrier, it is the responsibility of the Patient or Responsible Party to investigate the delay. The Responsible Party will be requested to make payment in full when an insurance claim is delayed beyond 45 days of the date of service.

If it is necessary to change your reserved appointment time, we request notification of at least 24 hours in advance of the appointment. Notification of an appointment must be made during regular business hours. Failure to keep a scheduled appointment or provide appropriate notification may result in a charge for the appointed time.

Any questions regarding payments should be directed to the Billing Department.

By my signature, I acknowledge receipt of a copy of the office payment policy.

Patient or Responsible Party

Date