

Valencia Endodontic Associates, LLC

Financial Policy

The following is a statement of our Financial Policy which we require that you read, agree to and sign prior to any treatment. Please understand that payment of your bill is considered part of your treatment.

***All patients must complete our "Patient Registration, Medical History" form before seeing a doctor.**

Regarding Insurance

Your Insurance is a contract between you, your employer, and the Insurance Company. We are not a party to that contract. Not all services are a covered benefit and some companies arbitrarily select certain services they will not cover. If you question the coverage for treatment in this office, you must contact your Insurance Co. **We will not contact Insurance Companies to find out coverage benefits for you.**

We use an outside service to file all Insurance Claims Electronically. Their form is included with the Patient Registration form. It is your responsibility to complete all the information on the form and allow us to photocopy your Insurance Card before a claim can be filed for you. Claims are submitted daily.

We will accept assignment of Insurance Benefits. If their payment is not received within 30 days of the filing date, you will be billed for services rendered and your insurance may then reimburse you.

Regardless of the Insurance Company's determination of usual and customary rates or amount of assignment, you are required to pay the full amount charged. We do not discount our fees.

Regarding Blue Cross

Blue Cross Blue Shield will not allow assignment of benefits to this office. We will complete a claim form for you to file your own BCBS Insurance after you have paid half down or in full for services rendered. Blue Cross will reimburse you.

Regarding Payments

***Full Payment is Due At The Completion of Service.**

*We accept cash, check, Visa/Mastercard, Discover, and American Express.

*We do offer an extended payment. No interest charged if paid in full within 90 days. After 90 days, interest is charged at 1.5% per month on remaining balance, not to exceed 18% annually.

Accounts 60 days old from the date of service are considered past due and payable immediately. Accounts 90 days old from the date of service are turned over for collection. If arrangements are made and kept for monthly payments, the account will not be turned over for collection. Past due accounts will go to collection without notice. Any insufficient checks will be turned over for collection and you will be responsible for any fees involved. You agree that if your account is turned over for collection to pay attorney fees in an amount equal to fifteen percent (15%) of the balance due plus any court costs incurred.

Minors

The adult accompanying a minor and the parents (or guardians) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, credit card or payment by cash or check at the time of service.

Missed Appointments

Unless canceled at least 24 hours in advance, our policy is to charge \$25 for missed appointments. **Please help us serve you better by being on time for scheduled appointments.**

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read, understand and agree to pay my account in accord with the above Financial Policy.

Patient or Responsible Party _____ Date _____