

Pleasant Valley Dentistry

Financial Responsibility Agreement

Pleasant Valley Dentistry appreciates the confidence you have shown in choosing us to provide your dental care needs. The service you have elected to receive implies a financial responsibility on your part. The responsibility obligates you to ensure payment in full of our fees. As a courtesy, we will verify your coverage and bill your insurance carrier on your behalf. However, you are ultimately responsible for payment of your bill regardless of your insurance coverage.

Initial Here: _____

All fees, deductibles, and/or co-payments are your responsibility and are **due at the time of service**. Many insurance companies have additional stipulations that may affect your coverage. You are responsible for any amounts not covered by your insurance due to any stipulations or alternative benefits established by your insurance carrier. If your insurance carrier denies any part of your claim, or if you or your doctor elects to continue treatment beyond your approved amount of benefits, you will be responsible for the balance in full. Also, please be advised that we do NOT use amalgam (silver) for fillings. We only offer resin (tooth colored) fillings. Some insurance companies will only allow a percentage towards tooth colored, making you responsible for the difference. Similarly, this may apply to porcelain crowns.

Initial Here: _____

A \$25 fee is charged for all returned checks. Any collection and/or legal fees will be your responsibility. Cost of collections include, without limitations, all fees charged by a collections agency as well as attorney's fees, small claims court costs, and any other expenses incurred in an effort to collect the account balance. Be advised that where appropriate, credit bureau reports may be obtained.

We understand there may be times when you miss an appointment due to emergencies, illness, or other obligations to work/family. However, we kindly ask that you call us 2 business days prior to your appointment if you need to cancel or reschedule. As a courtesy from us, we will try to contact you and remind you of your appointment. However, it is your responsibility to keep your appointment or cancel in the appropriate amount of time. A \$40 cancellation fee will apply to any missed appointments without a 2 business day notice.

I attest that I have read the above policy regarding my financial responsibility to Pleasant Valley Dentistry for all provided dental services to me or the named patient above. I authorize my insurer to pay my benefits directly to Pleasant Valley Dentistry in the full amount of the bill incurred by me or the person named above (or, if applicable, any amount due after payment has been made by my insurance carrier).

Patient Signature: _____ Date: _____