Valley Fair Cosmetic Dentistry
&
Orthodontic Clinic

Welcome to VFCD&OC Inc. Thank you for choosing us a your healthcare provider. Please read this document and sign below prior to your office visit. We hope this helps answer any questions you may have regarding our billing policies.

PATIENT INFORMATION: You will be asked to fill out a patient information form at your initial visit and each year thereafter. Please inform us of any changes of information such as insurance, address, telephone number and employer.

INSURANCE: Our office contracts with many insurance companies and plans. Your insurance company provides you with proof of insurance, which must be presented for all services provided. If proof of insurance is not presented, or if your declared PCP is not affiliated with VFCD&OC, your account will be considered a cash account with full payment expected at time of services.

If we are contracted as preferred providers with you health plan, we will bill your company directly. If we are NOT contracted providers with your insurance company, we expect payment in full at the time of service. We will be happy to provide you with the information you need to bill your insurance company for any eligible reimbursement.

Your individual insurance plan is an agreement between you and your insurance company. It is necessary for you to know the specific details of your own plan. It is especially important for you to notify us if there are restrictions regarding referrals for services by outside facilities or providers. You may be responsible for changes from those outside providers if they are not preferred providers with your insurance company or you have not received the proper authorization prior to receiving services.

NO SHOW FEE: There will be a $30 No Show for missed appointments without a 24 hour notice.

CO-PAYS: As required by your insurance company, your co-payment is due at the time of each visit. For your convenience, we accept cash, check, Visa and MasterCard. There will be a $25 administrative fee for unpaid co-pays. This fee is your responsibility, will not be paid by your insurance, and must be paid prior to scheduling your next appointment.

RETURNED CHECKS: A fee of $25.00 is charged for a retuned check.
RECORDS COPYING: There will be a charge of $30 for copying for dental records.

I have read, understand, and agree to this financial policy. I verify that I am fully responsible for the fees and services provided by VFCD&OC Inc. In the event that dental services provided by VFCD&OC, Inc. are deemed ineligible by my insurance, I am responsible for the full cost of the services.

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