

VILLAGE DENTISTRY
NICOLE VAN LE, DDS, LLC
9105 E 56TH ST
INDIANAPOLIS, IN 46216

INSURANCE AND FINANCIAL POLICY

Thank you for choosing our practice as your health care provider. We are committed to providing the highest quality treatment. That's why we always present you with the best dental solution to treat your personal situation. Each year we provide outstanding dental care to hundreds of patients. Some have dental benefits, some don't. If you have dental benefits, congratulations! You are very fortunate. Here are some important things you should know.

Initial

- _____ Your dental benefits are based upon a contract made between your employer and an insurance company. If you have any questions regarding your dental benefits please contact your employer or insurance company. Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you.
- _____ We currently accept all private care insurance plans (plans that do not require you to select a dentist from a list or require our office to accept a reduced fee for service). This means that we work with literally thousands of companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is *ONLY AN ESTIMATE*. If you would like to know your insurance benefit, we will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage. This does delay treatment but will give you exact out of pocket figures you may require.
- _____ We will bill your insurance as a courtesy. If insurance does not pay within 90 days, Village Dentistry reserves the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between you and your insurance company. Our office is not, and cannot be a part of the legal contract. Ultimately, you are responsible for all changes incurred in our office.
- _____ Village Dentistry does require payment in full for your portion at the time of service. We accept Master Card, Visa, American Express, Discover, cash and checks. If you are in need of an extended finance option, we also work with CareCredit, who offers 3, 6, or 12 months "same as cash" or longer terms with an interest bearing revolving charge designed to meet your treatment plan needs approved credit.
- _____ A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 24 hours notice or we will assess a \$50.00 fee for each hour scheduled.
- _____ We reserve the right to charge interest in the amount of 1.5% per month (18% APR) for all balances not paid in full within 30 days.

SIGNATURE _____ **DATE** _____