

## FINANCIAL POLICY

Dr. Villanyi and her staff are committed to providing you and your family with the best possible care. **Your clear understanding of our financial policy is important to the success of our relationship with you and we are pleased to discuss our professional fees with you at any time.** We have prepared the following information to assist you in your planning. Please sign, date and read the financial policy in its entirety.

**FOR OUR PATIENTS WITH INSURANCE: THE FOLLOWING PARAGRAPH MUST BE SIGNED BY YOU AND A MEMBER OF THE STAFF.**

**PATIENT:** \_\_\_\_\_

**STAFF MEMBER:** \_\_\_\_\_

We are happy to file the forms necessary to see that you receive the full benefit from your coverage; however, **we cannot guarantee any estimated coverage. Because your insurance policy is an agreement between you and your insurer, we ask that our patients be directly responsible for all co-payments and pay the (EPR), estimated patient responsibility, at the time of service.** We remind you that the criteria we use to establish our fees do not necessarily correspond with the criteria used by your insurer; for that reason **you WILL be responsible for amounts not covered by your policy.** Although we will do everything possible to see that you receive your maximum benefit, please be aware that we will expect payment in full from you if we have not received insurance payment **within 45 days** of treatment. \_\_\_\_\_ **INITIAL PLEASE**

**For our self – pay patients:**

**Payment is expected at the time of service.**

**Payment options:**

We accept payment by cash, check, Visa, Master Card, American Express, and Discover. For those patients interested in exploring financing options for major procedures, we will gladly provide you with information on companies who offer such services. One such company we have had great success with is Care Credit.

**Missed appointment fee:** Your appointment is reserved especially for you! If you are unable to keep your dental appointment, we ask that you give us **48 hours notice**, as this will affect many patients on our schedule. Less than 24 hours notice will be considered a broken appointment, and we reserve the right to charge a **broken appointment fee of \$75.00.** Exceptions will be considered on an individual basis.

**Divorce:** After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

**Finance Charge:** A finance charge will be imposed on each item of your account which has not been paid within sixty (60) days of the time the item was added to the account. The **FINANCE CHARGE** will be computed at the rate of one and one half percent (1 ½ %) per month or an **ANNUAL PERCENTAGE RATE** of eighteen percent (18%). The finance charge on your account is computed by applying the periodic rate (1½ %) to the “overdue balance” of your account. The “overdue balance” is calculated by taking the balance owed sixty (60) days ago and subtracting any payments or credits applied to the account during that time.

**Past due accounts:** If your account becomes past due, we will take necessary steps to collect the balance owed. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred. Consideration of reinstatement to active patient status would require payment in full of the balance in question as well as all collection costs and agreement that future charges are paid in full at the time of service.

**Returned checks:** In the rare case of a check returned for insufficient funds, we will assess a processing fee of \$32.00 on your account and will allow one week for receipt of your **CASH** payment.

**Thank you for reviewing our Financial Policy. Please contact us with any questions.**

**MY SIGNATURE BELOW INDICATES MY ACCEPTANCE OF  
DR. VILLANYI'S FINANCIAL POLICIES**

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Signature

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Date

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Date