RIVER VALLEY DENTAL

**Mark R Bydalek, DMD**

**PAYMENT POLICY**

Please acquaint yourself with our office payment policies and acknowledge with your signature below that you understand and accept these policies.

**OUR FINANCIAL POLICY**

1. Payment for services rendered are due the day service is provided.
2. Patients with dental insurance are responsible for their co pay on the day service is provided.
3. Our office extends a 5% accounting courtesy for treatment plans paid in full with cash or check only at the beginning of treatment.
4. For services totaling under $1500.00, payment is due on the date of service.
5. Our office extends payment arrangements interest free for your convenience for treatment plans totaling over $1500.00.
6. Personal checks, Visa, MasterCard and Discover cards are accepted.
7. We offer CareCredit and Chase Financing Plans- interest free financing/application required.
8. Senior citizen courtesy of 10%.

If you have any questions regarding your treatment plan, cost, or financial arrangement, please ask one of our team, as it is our goal for patients to be clear about their dental care needs and financial obligation.

**DENTAL INSURANCE**

We are happy to submit to your dental benefit provider for all care received. We strive to present information regarding your benefit as accurately as possible to our patients; any benefit information is considered an estimate of benefit that may be payable and not a guarantee of payment. Should your dental benefit provider reimburse less than what has been estimated, any remaining balance due becomes your financial responsibility.

 **PAYMENT ARRANGEMENT PATIENT ARRANGEMENT**

Total Estimate: \_\_\_\_\_\_\_\_\_\_\_\_ 1. Date\_\_\_\_\_\_\_\_\_\_Amount\_\_\_\_\_\_\_\_\_

Insurance Estimate: \_\_\_\_\_\_\_\_\_\_\_\_ 2. Date\_\_\_\_\_\_\_\_\_\_Amount\_\_\_\_\_\_\_\_\_

Insurance Deductible: \_\_\_\_\_\_\_\_\_\_\_\_ 3. Date\_\_\_\_\_\_\_\_\_\_Amount\_\_\_\_\_\_\_\_\_

Estimated Balance: \_\_\_\_\_\_\_\_\_\_\_\_ 4. Date\_\_\_\_\_\_\_\_\_\_Amount\_\_\_\_\_\_\_\_\_

I have read, understand and agree to adhere to the above financial policies.

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**SIGNATURE DATE**