

Valley Oaks Dental
7373 147th St. W. Suite 116
Apple Valley , MN 55124
(952)432-8110

Patient
Name _____ **Birthdate** _____

OFFICE POLICY

Our office requires a 24 hour notice for cancelled appointments. We reserve the right to charge \$50.00 for consistent 3 – 4 appointments failed or cancelled without 24 hour notice. We understand that circumstances may arise and a 24 hour notice may not be possible. In those circumstances we would ask for as much advance notice as possible.

As a courtesy we file your insurance claims for you. We must have your current insurance information on file. Because the insurance policy is an agreement between you and the insurance company, we ask that all patients be directly responsible for all charges. **We request that you pay any portion not covered by your insurance at the time your treatment is completed.**

PAYMENT OPTIONS

For payment at the time of service, we offer a 5% savings for all patients or 10% savings for senior citizens (age 65 and up) for **cash** or **check**. For your convenience, we also accept payment by Visa, Mastercard and Discover and offer a 5% savings for senior citizens for payment by credit card. For patients who desire a monthly payment plan, we are pleased to offer 6, 12 or 18 month payment plans with 0% interest option through CareCredit. Please ask for an application for immediate approval.

I, the undersigned, understand and agree that there will be a finance charge of 1.5% per month of any past due principal placement account over 60 days. I also understand and agree that if I am in default of this agreement, my balance will be sent to a collections agency and I will be responsible for all costs incurred to collect my delinquent account. My increased balance will be calculated by dividing my current unpaid balance by (.65). In the event an attorney would be required, my unpaid balance would be divided by (.50).

Signature _____ **Date** _____

