Valley Grace Dental

3115 Latte Lane Suite 100 Bakersfield, Ca 93312 661.587.7002

Office Financial Policy

Welcome to Valley Grace Dental. We are happy to have you as our patient and look forward to offering you and your family the finest dental care available. We know that providing complete comprehensive dental services includes discussing all treatment and financial information.

Before treatment is performed, we will discuss treatment and financial options. This will allow you to fully understand your dental treatment, what to anticipate in fees and allow you time to make the necessary financial arrangements.

Please initial the following:		
Payment: Paymer	nt is due at the time services are rendered.	
For your convenience w	ve accept cash, checks, Visa, MasterCard, America	an Express, Discover, and Care Credit.
between you and your Insurance is not a gua we will be happy to fi	s are determined by your employer, not your den insurance company. Your insurance coverage a rantee of payment; it often does not cover all the le your claim for you if you present your dental it. You will be expected to pay for services rende before treatment.	and benefits are your responsibility. costs involved in treatment. As a courtesy insurance wallet card and all required
Deductible: Any	deductible or estimated co-payment amount wil	ll be due at the time of treatment.
	ees already rendered has not been paid in t any, the remaining balance for your treatm Paid by you.	
move your appointme in advance, or if you f	s are reserved exclusively for you. As a benefit to an earlier time if an opening arises. If an agail to keep your appointment, you will be charge th will incur a one hundred and fifty-dollar (\$150)	ppointment is not cancelled at least 24 hourd a (\$50) fee. Any missed appointment 2
**Payment plans and finan	cial arrangements are available for comprehensive make arrangements prior to commencing to	•
I have read and understar	nd this financial policy.	
Printed Name	 Signature	Date