

**TREASURE VALLEY FAMILY DENTISTRY**  
**RHETT YEAKLEY, DMD**

*Health, Comfort and Beauty through Dentistry.*

We are committed to providing you with an exceptional visit, focused on meeting your individual needs with a high standard of care which ensures health, comfort, and beauty through dentistry. Should you have questions concerning your treatment, treatment sequence, or fees for services, please ask for clarification before treatment is started.

**Financial Policy**

- We accept cash, personal checks, Visa, Discover, MasterCard, and debit cards.
- Payment is due at the time of service.
- Payment Plans are available upon approved credit.
- Full payment will be expected regardless of insurance for new patient **emergency visits**.
- If financial arrangements need to be made, please notify the front office **PRIOR** to service.
- If the account should become delinquent, it may be subject to additional collection charges and fees of 1/5 % per month, or 18% annually.
- In the event that the account is not paid and we refer the account to a collection agency, fees incurred will be the patient or guardian's responsibility.

**Insurance**

- Insurance- insurance is a contract between the patient and/or employer and the insurance company. It is not a contract between our office and your insurance company. We will be happy to assist you by filing your insurance claim and helping you to understand your benefits. We can not be responsible for payment by the insurance company.  
**The responsibility for payment belongs to the patient.**
- We are contracted with the following dental insurance companies, Blue Cross of Idaho, Cigna, Delta Dental (Premier and PPO), DentaQuest, Dentemax, GEHA, Metlife, United Concordia, and United Healthcare. (*Insurance contracts may be subject to change*).
- We can provide estimated balances between the cost of service and co-payment of your insurance. Pre-determination of benefits may be advisable if there is a question concerning coverage. Treatment plan estimates listed for dental care that requires completion will only be honored for a period of six months, from the date of the dental examination.
- Not all services are a covered benefit in all contracts. For example- the office only offers composite/resin fillings. If insurance downgrades these services the balance is the patient's responsibility. Actual benefit payments are only determined when a claim is processed; estimates are not a guarantee of payment.

**Missed Appointment Fee**

- Your appointment time is reserved for you and your dental needs. A \$50 missed appointment fee will be charged for missed appointments that are not cancelled prior to 24 hours before your scheduled appointment. If you are more than 15 minutes late you may need to reschedule your appointment and a missed appointment fee may be assessed.

**Patient Agreement**

I have read and understand the above condition of treatment and payment and agree to the content. I also understand I am responsible (regardless of my insurance) for any charges incurred from services rendered.

Signature of Responsible Party \_\_\_\_\_

Date \_\_\_\_\_