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.

- *(Insurance contracts may be subject to change without notice).*
- 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.
- "Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay, and the full amount charged for a service. This is called "balance billing. "This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit. This is the patient responsibility to be informed of your plans network and dental coverage.
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X-Ray Policy

To provide safe, accurate, and comprehensive dental care, our office requires current diagnostic dental radiographs (X-rays). Routine preventive ("check-up") X-rays are recommended annually based on your individual oral health needs. However, for diagnostic accuracy and liability purposes, patients are required to have updated routine X-rays at least every two (2) years.

If a patient declines to update required X-rays after two years, we are unable to provide routine dental treatment until the necessary radiographs have been obtained.

By signing below, you acknowledge that you have read and understand our X-ray policy.

Signature_____ Date_____

Missed Appointment Fee

- Your appointment time is reserved for you and your dental needs. A **$100** 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 10 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 _____