

VENETIAN POINTE DENTISTRY

BILLING POLICY

NOTE: This "Billing Policy" should be completed by the person who financially will be responsible for this account and for any and all other patients associated with this account ("the head of household").

Our office operates on a fee-for-service basis. Please be prepared to settle your account the day services are rendered at the FRONT DESK. We accept cash, personal checks, all credit cards and CARE CREDIT. Any agreements, other than that has been stated above, must be approved and documented with Dr Rampi and/or Dr Palmer prior to start of treatment.

If you have insurance, we will file a claim as a courtesy. Any co-pay and/or deductible is required at time services are rendered. This in no way relieves you of the full responsibility of the fee charged. All information necessary to file the claim must be obtained by you, the patient, prior to your appointment. It is your responsibility to know your plan's deductible, co-pay, and benefits specific to your individual plan, ahead of your scheduled appointment time. This includes any exclusions regarding missing teeth, waiting periods, the amount of your maximum allowable benefits, or required pretreatment estimates. Please inquire at the Front Desk regarding the in-network status with Delta Dental Premier and Cigna plans.

Should you desire for us to file a claim for you, you must complete the information below.

Insurance Company Name:

Insurance Company Address:

Insurance Company Phone Number:

Subscriber Name:

Subscriber Address:

Relationship of Subscriber to Patient: Self Spouse Dependent

Subscriber Date of Birth:

Subscriber SS #:

Policy Number:

Group Number:

Upon receipt of payment from insurance company, a bill will be sent directly to you for any unpaid portion. Any payment arrangements other than full payment will need to be coordinated with our Billing Manager.

Please sign below if you understand and agree to this policy. Once signed, this form becomes copied in your chart and will be available for your review at a later date if desired.

X

Date: X