

Insurance Policy:

Your insurance policy is a contract between you and your insurance company. Our office is not a party to your contract. We will be happy to file your dental claim for you, but in the event that your insurance company does not pay on your claim, you will be responsible for the balance on your account. Please be aware that some service provided may be non-covered services and not considered reasonable and customary under the terms of your insurance policy. The patient is held responsible for payment regardless of any insurance company's determination or usual and customary rates. All insurance co-pays and deductibles are due the same day of service.

Collection Policy:

Our office will send out billing statements each month to patients with remaining balances after insurance pays or for those of you have who have made prior payment arrangements with the insurance coordinator. After 120 days of a pending claim(s) and insurance has not paid the balance, it is now the patient's responsibility. Failure to pay your account balance will result in your account to be sent to a collection agency. If your account goes to a collection agency interests and fees may apply. Our office will send out 3 billing cycles before your account will be sent to a creditor for collection. Please contact the office if you will be late making a payment so your account will be properly documented and no collection action will be required.

Cancellation Policy:

This policy is in place to best utilize appointment time for patients who are in need of treatment. In order to be courteous to all of our patients and staff, we require a 24 hour cancellation notice. Please call our office at 212-371-6887, if voicemail is available, please leave a detailed message with your contact information. This will allow availability to an emergency patient in need of care.

Chronic cancellation is considered to be someone who cancels three or more times in a one year cycle. Should this occur our office reserves the right to charge a \$75 per half hour for hygiene appointments and \$250 per half hour for all doctor appointments.

No Show Policy/Broken Appointment Policy:

A "Broken appointment" is a cancellation with less than 24 hours' notice.

A "No Show" is a missed appointment without calling the office to cancel or reschedule the appointment. Should either of these occur, our office reserves the right to charge a \$75 per half hour for hygiene appointments and \$250 per half hour for all doctor appointments and billed to the patient.

Financial Policy:

- Our office accepts the following forms of payment: Cash, Credit Card and Care Credit.
- Payment for services are due at the time of treatment unless prior payment arrangement have been made with the insurance coordinator, should a check be accepted.
- Checks that are returned to our office are subject to a \$25.00 returned check fee.

Please contact our office with any questions or concerns in the above manner.

I have read and understand Dr. Vallins' office policies.

Signature of Patient or Responsibilities Party.

Print Name: _____

Signature: _____

Date: _____