

## FINANCIAL POLICY

Eagle Valley Dental  
Phone: (970) 328-7304  
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Website: [www.eaglevalleydental.net](http://www.eaglevalleydental.net)

404 Broadway, Unit B  
Eagle, Colorado 81631

This is an agreement between Eagle Valley Dental as creditor, and the Patient/Debtor named on this form.

In this agreement, the words “you”, “your”, and “yours” mean the Patient/Debtor. The word “account” means the account that has been established in your name to which charges are made and payments credited. The words “we”, “us”, and “our” refer to Eagle Valley Dental.

By executing this agreement, you are agreeing to pay for all services that are received.

### **Account Statement:**

If you have a balance on your account, we will send you a statement every 21 days. It will show separately the previous balance, any new charges to the account, the finance charges, if any, and any payments or credits applied to your account during the statement period. Unless we approve other arrangements, the balance of your statement is due and payable immediately. If not paid within 10 days, finance charges will apply.

### **Charges to Account:**

We shall have the right to cancel your privilege to make charges against your account at any time. Future visits would then need to be paid at time of service.

### **Changing Accounts:**

Patients cannot be moved from an existing account if the account balance is not zero (\$0).

### **Insurance:**

Insurance is a contract between you and your insurance company. We are NOT a party to this contract. We will bill your primary insurance company as a courtesy to you. Some insurance companies reimburse the subscriber first and not the provider. In this case, we will bill your insurance as a courtesy, but you will be responsible for the full balance at time of checkout. If you are unsure whether you, the subscriber, are reimbursed or we, the provider, are reimbursed, please check with our business office.

### **Past Due Accounts:**

If your account becomes past due, we will take the necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collections costs that are incurred. If we have to refer collection of the balance to an attorney, you agree to pay all attorney's fees that will incur plus all court costs.

### **Payment options if you have insurance:**

- A. You choose to pay your deductible and any out-of-pocket portions at the time services are rendered by cash, check, debit or credit card or if approved, Care Credit.
- B. You choose to pay for services rendered by cash, check, debit or credit card. We will request your insurance carrier send their payment directly to you.

**Payment options if you have no insurance:**

- A. We require payment by cash, check, debit or credit card on the day that services are rendered.
- B. In the case of extensive treatment, you may prefer to secure a bank, credit union, or other third-party financing for the entire amount and make payments to the lending institution.
- C. Payment plan options are available. Please see our office manager for details.

**Missed appointment fee:**

Our office reserves the right to assess a missed appointment fee to your account if you do not show up for an appointment, or cancel less than 24 hours notice. We understand real emergencies and will not assess a fee if this instance, but please respect our time also. If a fee is assessed, it must be paid before a new appointment is scheduled.

**Finance charge:**

A finance charge will be imposed on each item on your account that has not been paid within ninety (90) days of the time the item was added to the account. The Finance Charge will be computed at the rate of two percent (2%) per month or an Annual Percentage Rate of twenty-four (24%).

**Waiver of confidentiality:**

You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if you're past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

**Divorce:**

In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment of a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parents responsibility to collect from the other parent.

**Transferring of records:**

You will need to request in writing, and may have to pay a reasonable copying fee if you want to have copies of your records sent to another doctor or organization. You authorize us to include all relevant history.

**Workers compensation:**

We require written approval/authorization by your employer and/or worker's compensation carrier prior to your initial visit. If you claim is denied you will be responsible to pay in full.

**Personal injury:**

If you are being treated as a part of a personal injury lawsuit or claim, we require verification from your attorney prior to your initial visit. An addition to this verification, we require that you allow us to bill your health insurance. In the absence e of insurance, other financial arrangements may be discussed. Payment of the bill remains the patient's responsibility. We cannot bill your attorney for charges incurred due to a personal injury case.

**Effective date:**

Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

I, \_\_\_\_\_ have read and understand the financial policies of Eagle Valley Dental. I hereby agree to these policies as written.

Date: \_\_\_\_\_

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that on \_\_\_\_\_ I received the Notice of Privacy Practices from Eagle Valley Dental, which sets forth the ways in which my personal health information may be used or disclosed by Eagle Valley Dental, and outlines my rights with respect to such information.

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