



FINANCIAL & INSURANCE GUIDELINES

We are happy to submit your insurance for you. You are personally responsible to Spokane Valley Dental for your entire bill, regardless of your claim status with your insurance company. Your estimated portion of all fees not covered by your insurance is due at the time of service. We accept Visa & Mastercard. For patients without insurance who pay in full at the time of service, we offer a 5% discount when paying with cash or check.

We also accept Care Credit. Transactions under \$200.00 will be processed at standard account terms. Transactions of \$200.00 or more will be processed at 12 months deferred interest O.A.C.

Some treatment procedures that may be necessary for you, may not always be a covered benefit in your insurance contract. You will be responsible for any such charges in full.

An estimate for your portion of treatment charges is not a guarantee of the amount that your insurance company will pay for services.

As a courtesy, we will allow 60 days for your insurance company to make payment on any outstanding claims. All claims not covered within this period of time will be your responsibility.

AUTHORIZATION AND RELEASE:

I authorize Spokane Valley Dental to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such dental care to third party payors and or health practitioners . I authorize and request my insurance company to pay directly to Spokane Valley Dental, insurance benefits otherwise payable to me.

CANCELLATIONS & NO SHOWS

There will be a \$50.00 charge for all SHORT NOTICE CANCELLATIONS and NO SHOWS. Kindly give 24 hour notice. Thank You.

Sig: _____

Date: _____