

VELTKAMP FAMILY DENTISTRY
Financial Policy

Thank you for choosing Veltkamp Family Dentistry. We will do our best to provide you with the best possible dental care. This document outlines our financial policies. Please read and sign prior to treatment. If you have questions, please feel free to ask.

If you have dental insurance coverage, we are happy to bill your dental insurance company first. However, we require that you provide us with your current insurance information. This generally includes the following: 1) The name of your insurance company and claims address, 2) The name, date of birth, and identification number of the subscriber, and 3) Your group number.

Veltkamp Family Dentistry is currently contracted with the following dental insurance companies: Ameritas, Cigna (Core Network), Guardian, MetLife, Premera Blue Cross, Regence, Delta Dental of WA and most other Delta companies. This may change from time to time. We are also currently contracted with those companies under the Dentemax umbrella, but will no longer be contracted with them as of January 1, 2018.

If you are insured through a non-contracted insurance carrier, we are happy to bill your insurance company one time, and follow up with additional treatment information if requested by the carrier. However, it is your responsibility to follow up with your insurance company if needed and pay your bill in a timely manner.

Some insurance policies do not cover certain procedures, and many procedures are covered at different rates. In some cases, an insurance company may not provide any benefits at all to non-PPO provider. We recommend that you contact your insurance company to determine coverage for a procedure that is being considered.

Our private pay patients will be billed in full. However, we can offer the following discounts for services paid on the date of service:

- 10% discount if payment is made by cash or check (Please note: for those paying in cash, we are not able to make change.)
- 5% discount if payment is made by credit card (We accept Visa, Mastercard, Discover, and AMEX)
- 10% senior (over 65) discount (additional 5% given with cash or check)

If you are unable to pay at the time of service, you will be sent a monthly statement. After receiving a statement, failure to pay or to contact our office within 90 days may result in a collection process being activated on your account. Repeated failure to pay may result in dismissal from Veltkamp Family Dentistry and the assignment of your account to a collection agency.

We understand that sometimes financial circumstances are difficult. We are happy to work with you, and open to establishing a payment plan. If that is the case, we are able to offer the following interest-free plan: 25% down at the time of treatment, followed by three equal monthly payments. If either this, or another payment plan is agreed upon, we ask that payments be made as scheduled.

When a child of divorced parents is seen, we will expect payment from the parent accompanying the child. We do not bill parents living out of the area.

Thank you for reviewing our policy. Please contact us with any questions you may have.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY OF VELTKAMP FAMILY DENTISTRY.

I hereby authorize Veltkamp Family Dentistry to release medical information to my insurance carrier(s) necessary to processing my insurance claims. My signature also authorizes insurance benefits to be paid on my behalf to the providers at Veltkamp Family Dentistry. I am responsible for all expenses incurred by myself, or minor child, including expenses not covered by my insurance policy, and I am aware that account information for all family members will be included on a single statement.

Signature, Responsible Party _____ Date _____

Please Print Full Name _____

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