

Christian L. VerMeulen DDS PLC

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PATIENT FINANCIAL POLICIES:

At Christian L. VerMeulen D.D.S., P.L.C. we believe that our patients deserve the best dental care and we are committed to providing it. Our office policies are provided below to help assist you in planning your dental treatment.

PAYMENT

Unless prior arrangements have been made, payment is due in full at the time of service. For your convenience, we accept CASH, PERSONAL CHECKS, MASTERCARD, VISA, DISCOVER, AMERICAN EXPRESS and DEBIT CARDS. Care Credit or Citi-bank financing is available for patients interested in a payment plan.

INSURANCE

Our office is also committed to helping you maximize your insurance benefits. Because insurance policies vary greatly, we can only estimate your coverage for treatment. Your dental insurance is a contract between you, your employer, and your insurance company. Our financial relationship is with you and not your insurance company. All charges are your responsibility regardless of insurance coverage.

As a courtesy, we will gladly fill out and submit your insurance claims for completed services. In order to obtain prompt payment, current and accurate insurance information is required. All co-pays and unpaid deductibles are due at the time of service. Any remaining balance on your account is due in full once your insurance payment is received. If insurance payments are not received within 30 days, then payment in full is due at that time. *If your insurance carrier issues insurance payments directly to you, then the entire balance is due at the time of service.*

TREATMENT FINANCING

We understand that comprehensive and modern dentistry is often expensive. In order to help our patients receive the care they deserve, we are happy to offer extended payment plans through CITIBANK and CARE CREDIT. The process is easy and only takes a few minutes. If you are interested either of these plans, please ask us for more details.

OVERDUE ACCOUNTS

We understand that occasionally temporary financial situations prohibit timely payment of your account balance. If such a situation arises, please contact our office so that we can discuss your situation and assist you with the management of your account. Unless you have made an arrangement with our office, we reserve the right to send balances 60 days past due to collections. You are responsible for all collection fees incurred in collecting overdue accounts as allowed by the State of Michigan.

RETURNED CHECKS

A \$30 fee will be added to the value of the returned check.

APPOINTMENTS

We value your time and we ask you to also value our time. We have specifically reserved your appointment time for you. We request 48 hours notice if you need to change or cancel your appointment. We also understand that unforeseen circumstances may arise that prohibit you from giving us the requested 48 hour notice. However, after missing your second appointment without the required notice, we reserve the right to apply a cancellation fee.

We welcome you and your family to our office and look forward to helping you achieve the beautiful and healthy smile you desire! If you have any questions or if we can do anything to make your experience with us more pleasant please do not hesitate to ask

I have read, understand and agree to the financial policies set forth above.

Signature: _____