VALENCIA DENTAL OFFICE

OFFICE POLICIES

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✔ *Identification/ Proof of Insurance*

We must have a copy of your insurance card (if applicable) and a photo ID (Driver's license card ID card or passport) on file

✔*Payment Policy*

I understand that all responsibility for payment for dental services provided in this office for any dependents or myself is mine, due and payable at the time services are rendered. Insurance coverage is only an estimate; the guarantor is responsible for all treatment not covered by insurance. In the event payments are not received by the agreed date, I understand that a $35.00 charge will be added to my account in addition to any collection charges.

✔*Cancellation and Rescheduling*

If you need to cancel or reschedule an appointment, we kindly request that you provide at least 48 hours of notice. Failure to do so will result in a $50-100 cancellation fee.

✔*Extended Warranty*

At Valencia Dental Office, we take pride in the quality of work that we provide, but unfortunately sometimes incidents occur, in which patients chip/fracture a recently placed filling or crown. Most insurance companies only cover crowns once per 5 years, or fillings once per 2 years. We therefore give the option to our patients to add an in- house warranty for fillings and crowns for a fee. Fillings warranty: $50/tooth (2 year warranty) Crowns warranty: $500/tooth (5 year warranty) This is optional and you can choose to decline this warranty when presented to you.

✔ *Notice of Audio and Video Recording*

Please be advised that this establishment is monitored 24-hours a day by video and audio surveillance cameras.

✔*Insurance Estimate & Financial Responsibility Disclosure*

Insurance estimates are not a guarantee of payment. Any insurance figures provided by this office are based on information received from your insurance carrier and are provided as a courtesy estimate only. Actual benefits are determined solely by your insurance company at the time the claim is processed. Coverage, eligibility, frequency limitations, waiting periods, downgrades, exclusions, and remaining maximums are not guaranteed. If your insurance carrier denies payment or pays less than estimated for any reason, you are financially responsible for the remaining balance. Verification of benefits does not guarantee coverage.

☐ This policy is in accordance with all applicable laws and regulations governing dental practices in our jurisdiction. If any provision of this policy is found to be invalid or unenforceable, the remaining provisions will continue to be valid and enforceable. By proceeding with dental services at Valencia Dental Office, you acknowledge that you have read, understood, and agree to adhere to the terms of this policy. We appreciate your trust in Valencia Dental Office for your dental needs. If you have any questions or concerns regarding this policy, please feel free to contact our office.

E-Signature (name or initials) Date