Vacendak Dentistry Financial Agreement

This agreement between is between our patient (hereafter "you," "your") and Vacendak Dentistry (hereafter "we," "us," "our"). When you sign below, you agree to the financial policies of our practice.

Our Commitment to You: We are committed to providing each patient with the highest quality dental care using only the best materials and technology available in the market today. We are also committed to providing patients with up-to-date information and educational tools so each of our patient may fully participate in maintaining their optimal oral health. This financial agreement is intended to help us provide excellent affordable service to you by minimizing our administrative costs.

Our Relationship with You: Our relationship is directly with you and only you. We agree provide dental care for you and you agree to be responsible to pay us the full cost of your dental care regardless of whether any other party agrees to pay or not. We agree to credit any payments we receive from a third party on your behalf to your balance.

Our Dental Insurance Policy: You and/or your employer may have entered into a contract with your insurance company to offset the cost of your dental care. We are not a party to that contract. We want to help you get the most from your insurance benefits though, so we will help process all pertinent insurance claims for the services we provide. You understand that you are responsible for the full balance of treatment whether your insurance company pays or not. If you want us to file claims with your insurance company, you must bring a completed dental insurance form or proof of insurance to each appointment. You must inform us if you have a new insurance company or policy. We are not responsible to track and update changes that you do not tell us about. We will file claims for up to 2 (two) companies (primary and secondary) as a courtesy to you.

Payment Policy: Your estimated co-payment for treatment (the amount not covered by your insurance) is due at the time service is provided. For appointments that require 2 (two) or more hours of our time, 50% of the co-payment is due when you make the appointment and the remaining 50% is due on the day of the appointment before treatment and services are rendered. Your co-payment may be adjusted after the time of service depending on the final reconciliation of insurance payments. We accept cash, MasterCard, Discover, and Visa.

What Happens If You Don't Pay: In the unlikely event that your insurance company does not pay us and you do not pay us, this is what you can expect. We will not be able to provide treatment if you do not pay the co-pay at the time of your appointment. If we file insurance claims on your behalf but do not receive payment from your insurance company within 30 (thirty) days of the date of service, we will request that you call your insurance company to help expedite the process. If we do not receive payment from your insurance company within 60 (sixty) days of the date of service, you will be responsible to pay the balance in full. We charge 1.5% monthly service charge on unpaid balances.

Legal Fees for Collections: If we must hire an attorney or collections agency to obtain payment, you will be responsible for either actual attorney's fees and court costs or 35% of the outstanding balance, whichever amount is greater. This amount will be added to your balance due. You agree that if anything is filed in court to enforce this agreement, the courts of the City of Chesapeake, Virginia, will have jurisdiction even if you live somewhere else. You also agree that electronic versions and/or photocopies of this agreement are deemed to be originals and may be used for all purposes that an original would be.

No-Show and Cancellation Policy: You are important to us. When you make an appointment, we set that time aside to provide you with the individual dental treatment you need. If you don't show up to the appointment or don't give at least 24 hours' notice prior to the appointment that you are unable to make it, we still charge a fee, and your insurance will not cover it. Our policy is to charge $75.00/hour for the entire length of the appointment that was scheduled for appointments that are not kept (including no-shows and cancellations with less than 24 hours' notice).

Miscellaneous: We value you as our patient and our concern is first and foremost to provide you with outstanding dental care. We want you to understand these policies clearly so there are no surprises later. If we decide not to enforce one or more provisions of this agreement on a case-by-case basis, you understand that doesn't mean we are waiving our right to enforce those provisions at some other time, or that we are waiving our right to enforce other parts of the agreement. Likewise, if any part of this agreement is not enforceable, that doesn't mean that the whole agreement is void.

Thank you for being our patient. We value you and we hope by making these policies clear, we will be around to provide positive dental care to you for many years to come.

Patient/Guardian Signature:_____Date: _____

Print Name: _____