



**3693 New Bern Ave., Raleigh, NC 27601  
919-231-3251 | VividDentalRaleigh.com**

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## **Financial Policy**

Thank you for choosing Vivid Dental for your dental care. We are committed to the success of your treatment. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy, which we request you read and sign.

**FULL PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH OR CREDIT CARD. NO PERSONAL CHECKS WILL BE ACCEPTED. WE OFFER CARE CREDIT, AN AFFORDABLE FINANCING OPTION FOR TREATMENT.**

### **Insurance**

Our practice partners with the following insurance plans: Delta Dental, Cigna PPO, MetLife, United Concordia, NC Health Choice and many more. If you have questions whether or not our practice participates with your plan, please speak directly with the receptionist. If your plan is one with which we participate, we will bill and collect according to your plan. All deductibles, co-payments and disallowed charges will be due at the time of service.

If we do not participate with your insurance plan, we will submit your dental claim form as a courtesy to you. Although your insurance company may pay at a higher rate, a payment of 60% is required at the time of service for all treatment other than routine cleaning appointments. For cleaning appointments, a payment of 30% is required.

We will do all that we can to get the most in benefits reimbursed for you. However, we cannot bill your carrier for your reimbursement unless you provide us with your current insurance information. Please be aware that some of the services provided may not be covered or considered above the "usual and customary." Our practice is committed to providing the best treatment for our patients, while charging what is reasonable and customary for our area. You are responsible for payment of your account, regardless of any insurance company's arbitrary determination of usual and customary fees. If insurance has not responded to a claim within 60 days of submittal, the full account balance becomes the account holder's responsibility.

(Past due balances are subject to a monthly service charge of 1.5% minimum. In the event that your account is placed in the hands of a collection agency, the costs involved, including any attorney's fees, will be at the expense of the patient.)

### **Missed Appointments**

We do not "double book" appointments. When we schedule an appointment, that time is reserved just for you. If you must change an appointment, please give us at least 24 hours notice. There is a fee of \$75 for missed appointments or for appointments that are canceled without 24 hours notice. In some cases, we reserve the right to charge the full value of the missed time. Please help us serve you better by keeping scheduled appointments.

Thank you for reading and understanding our Financial Policy. Please let us know if you have any questions or concerns.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_