



Dr. Andrew J. Dvonch, DDS | Dr. Barbora H. Valerio, DDS

## Office Financial Policy

Our financial policy has been set up to prevent misunderstandings. We would like to acknowledge patients who take a responsible approach to paying for their dental care.

- 1) Full payment is expected at the time of service unless other arrangements have been made.
- 2) Although every attempt is made to provide an accurate estimate of your financial responsibility for services, there may still be a balance after your insurance has been billed and this balance is your responsibility to pay.
- 3) A finance charge of 1.5% per month on the unpaid balance will be charged after 30 days.
- 4) If an appointment is broken or cancelled with less than 24 hours notice, a charge of \$40.00 may be charged to your account.
- 5) Returned checks are subject to a \$25.00 services charge and will terminate your privilege to pay by check on future visits.
- 6) It is understood and agreed that in the event any outstanding balance has to be referred to a collection agency or attorney for recovery, you will be fully responsible for all collection agency fees and attorney's fees.

Please sign below to indicate that you have read and fully understood said policy:

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature