VIVID DENTAL

Family and Cosmetic Dentistry

Dr. Monti Harpalani

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Telephone Number: (281) 809-4902

www.myvividdental.com

Financial Policy

You are responsible for the total fee for services performed at this office. Cash and all major credit cards are accepted as payment for services at Vivid Dental. Checks are accepted with a valid credit card on file.

If you have benefits, we will provide an estimate of what we think your benefits company will probably pay and collect the difference from you at the time of service. If you want a more exact estimate, we will need to send a request for a pre-treatment estimate to your benefits company. This can take several weeks to be returned to us. If the benefits company pays more than we expect, you will have a credit on your account. We will mail you a statement informing you of the credit. You can keep it on your account or we can refund it to you. All outstanding benefit claims must be received before we may issue any refunds. If the benefits company pays less than we expected or not at all, you are responsible for the difference between what you have already paid and your total fee. We will try to arrange payment from your benefits company for a maximum of 30 days. After 21 days, you are responsible for any balance on your account, regardless of whether your benefits company has paid us or not. If we receive payment after 21 days from your benefits company, it will be applied to your account and you will receive a statement from us informing you of any credit generated by the payment.

After 90 days from the date of service, any unpaid balance will be turned over to a collection agency. This is our standard policy for all delinquent accounts. Once an account is sent to collections, you must pay the collection agency. You will no longer be able to pay us directly for the balance.

Stop! Do not sign this if you have any questions about the financial policies of our office. If you do have questions, ask one of our financial coordinators before signing.
I agree to Vivid Dental use and disclosure of my protected health information to my benefits company. I understand that my benefits company will send payment directly to Vivid Dental unless prior arrangements have been made. I understand and agree with the Financial Policies of Vivid Dental.

Printed Name:

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Signature of patient, parent or guardian Date Relationship to patient