

**The Offices of Fredrick M. Vega, D.D.S., P.C. & Associates**

Our offices are committed to providing optimum care of the highest quality. With compassion, we intend to educate, motivate and encourage our patients to achieve and maintain great dental health and amazing smiles.

**Financial Policy**

We pride ourselves in providing quality service for a reasonable fee. To aid you with meeting your financial obligations, we accept personal check, cash, Visa, MasterCard, Discover and American Express. We are also proud to offer Care Credit and Chase Health Advantage should you need a payment plan. Please inquire with our highly trained administrative staff about these payment options.

Payment for treatment is expected at the time of service. For the patient who has dental insurance, payment means deductibles as well as the anticipated or estimated portion that is not covered by insurance. You and your employer have a contract with your dental insurance company and we submit insurance claims on your behalf as a courtesy. It is your responsibility to provide accurate information for quick claim processing. In the rare event a claim is denied, our staff is highly trained in any appeals process, however, after 90 days, the balance is your responsibility to pay in full. We will continue every effort to get your claim paid, until all avenues are exhausted.

Should an account become delinquent and no secured payment arrangement can be reached by both parties, we reserve the right to utilize an outside source to collect the debt. There may be additional costs associated with this service which you will be responsible for.

**Cancellations and Broken Appointments**

Because every effort is made to keep on schedule, we respectfully ask patients to be prompt and keep their appointments. If you need to change an appointment, we ask two (2) business days notice to avoid a charge for lost time.

If you have any questions concerning these policies, please speak with our administrative staff.

\_\_\_\_\_  
Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date