Eden Baluyot Vincent, D.M.D., LLC

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Patient Financial Agreement

Please read thoroughly and sign below

Payment is due at the time services are rendered

All services are provided to you with the understanding that you are responsible for the cost. If you have insurance, payment of deductibles and co-pays is expected at day of service. If you have no insurance, payment is expected at day of service unless other arrangements were made with the office prior to appointment. We accept cash, check, Visa / Master Card credit cards and Care Credit.

Insurance Coverage

Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract. It is the insured's/patient's responsibility to **know their insurance benefits**. An insurance claim will be submitted for the treatment completed (if applicable). Please work with us in providing your insurance company with any needed information that will expedite the payment of your claim. Any services not paid by insurance in a timely manner will be sent to you for immediate payment.

Major Work

Patients receiving major work (crowns, bridges, dentures) must have their portions fully paid before the work can be delivered or completed. Note that any pre-authorizations or eligibilities are not a guarantee of payment by your insurance company - you are ultimately responsible for the total charge of your treatment.

Cancellation Policy

Your appointment is time reserved for you - we do not double book our appointments like other offices.
A $40 broken appointment fee may be charged if cancellations are not made at least 24 hours prior to the appointment time. Giving us 24 hour notice allows us time to give that appointment to someone else who may be able to use that slot. If our office is closed, please leave a message on our voicemail. Broken appointment charges are NOT payable by insurance.

Finance Charges

Full payment of patient balance must be made within 90 days of treatment, regardless of any delays by your insurance company. Failure to comply with these terms may result in finance charges on existing balance (1.5% will be added monthly to a balance due over 90 days).

Returned Checks

Returned checks are subject to a $35 return check fee. This fee may increase depending on the bank's charges. We will then only accept future payments through cash or credit card

Collections and Fees

. Any unpaid charges/balances will be sent to an outside collection agency with additional collection agency fee. You will be responsible for any collection fees, or court costs incurred in the collections process.

I have read and understand the policies listed above and agree to the terms.

____ Date:_____/_____/__________

Patient or Guardian Signature