



Vani M. Patibandla, DDS
Financial Policy

If you have Dental Insurance

We will file claims to your dental insurance company for the services that are provided by our office. In order for the claims to process correct, please ensure that the information that is provided to our office is accurate and current. If there is a change in the insurance information, please let us know immediately. We will submit to secondary insurance as long as we are given the correct information and we are notified that you would like this service done.

Deductibles, Co-Payments and Coinsurance

Co-payments are constant and are due at the time the service is rendered. By law, we are not permitted to reduce or deduct these portions of your dental insurance claim. Coinsurance and deductibles vary for each insurance policy and we can only approximate the percentage covered by each plan. Payment of the estimated portion is due at the time of service.

Dental insurance coverage is a contract between you and your insurance company. We will not be involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc. other than to supply factual information as necessary. You are responsible for the timely payment of your account.

Payment Methods and Other Information

We accept cash, check, Visa, Mastercard, Discover and Care Credit.

Accounts that are past due will be reported to a Credit Bureau and will be turned over to a collection agency.

We are committed to providing you with the best possible care and we are willing to discuss our professional fees at any time. Your clear understanding of our Financial Policy is important to our relationship. Please ask if you have any questions about your fees, financial policy or your financial responsibility.

ALL RETURNED CHECKS WILL BE CHARGED A FEE

A SPECIAL NOTE: in situations of divorce, separation, court orders, etc., the party initiating treatment will be financially responsible for the account.

I acknowledge that I have read and agree to the above Financial Policy.

Signature: _____

Date: _____

Patibandla Dental

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