

OFFICE FINANCIAL POLICY

Dr. John Ruzzamenti

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Temecula, CA 92590

Tel. (951) 296-3358 • Fax (951) 296-3136

In our continued commitment to provide the highest quality of dental care available to all of our patients and to have those services comfortably affordable, we are pleased to offer you these options for payment. Please check one of the following:

- Cash or Check payment at time of service
- Visa or MasterCard payment at time of service
- 10% Accounting Courtesy for service of \$200 or more when all treatment is **prepaid** in full with cash or check, prior to the start of the treatment.
- DENTAL FEE PAYMENT PLAN**
Ask for details.

We are committed to support you in understanding your dental health, so that you will always be able to make the best choices. We will always present you with the best dental solution possible to treat your personal situation.

We will, as a courtesy, process your insurance benefits in our office. All questions regarding your insurance benefits must be addressed to your insurance carrier.

I agree that I am fully responsible for the total payment of all procedures performed in this office—this includes any treatment that is not a benefit of any dental insurance that I may have. I understand that all services are due to be paid in full within sixty (60) days of date of service, regardless of whether or not my insurance benefits have been received. One and one half percent (1.5%) per month interest (18 per year) will be charged on accounts sixty (60) days from treatment date. I also understand that a \$25.00 fee will be applied to my account for all returned checks and that Vineyard Valley Dental will no longer be able to accept a check as a form of payment after a returned check has been received.

We are here to assist you in any way possible. Please make your questions and concerns known to our team... Our goal is to ensure that you have an outstanding Experience.

Signature (Responsible Party)

Date