



Written Financial Policy

Thank you for choosing Vista Dental! Our office purpose is to deliver the most exceptional comprehensive dental care available. An important part of our relationship with you, our patient, is making the cost of optimal dental care as easy as possible by offering payment options.

Payment Options Available

- **Cash or personal check**
 - *A 5% courtesy discount is available to patients who pay for their treatment with cash or a personal check prior to the completion of care. Due to insurance regulations, discounts are not available if Vista Dental is billing your insurance.*
- **American Express, Master Card, Discover Card, or Visa**
- **Convenient Monthly Payment Plansⁱ through **Lending Club or Care Credit****
 - 6 – 24 months Deferred Interest for charges \$1000 and above
 - 24, 36, and 48 month Budget Payment plans with low fixed interest for charges \$1000 and above.

Vista Dental requires payment prior to the beginning of your treatment. If you choose to discontinue care before treatment is complete, your payment is non-refundable.

For treatment plans requiring multiple appointments, alternative payment arrangements may be provided and will be discussed at the time treatment is being scheduled.

Individuals who carry dental and medical insurances, we are happy to work with you and your insurance carriers to help you maximize your benefits. By signing this financial policy and agreement, you agree and authorize Vista Dental to bill either your dental or medical insurance carrier. We will directly bill your insurance carriers for reimbursement of your treatmentⁱⁱ.

A fee of \$45 is charged for patients who miss or cancel their appointments within a 24-hour period. For patients who have previously missed appointments or have had a cancellation history at Vista Dental, a pre-payment will be required to reserve future appointments. Vista Dental charges \$30 for any returned personal check unpaid. If you have any questions, please do not hesitate to ask. We are here to help you obtain the dentistry you desire and it is our purpose at Vista Dental to provide you with a healthy mouth and a smile that will last you a lifetime!

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

ⁱ Subject to credit approval

ⁱⁱ If we do not receive payment from your specified insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier. Medical Insurance may or may not apply on specific treatment types, Vista Dental will advise through pre-determinations and or pre-authorizations with your medical carrier.