DENTISTRY
on the
VILLAGE GREEN
DR. ROSS M. GILLE

571 Wessel Drive; Fairfield, Ohio 45014
(513) 939-3200
DentistryontheVillageGreen.com

Financial Policy

Thank you for choosing Dentistry on the Village Green as your dental care provider. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options and spelling out our financial policy for all to understand.

We accept the following forms of payment:
- Cash
- Check
- Visa, Mastercard, American Express, or Discover Card
- CareCredit
  o Payment plans available with 0% interest
  o Please ask for details

Please note:

Dentistry on the Village Green requires payment at the time of your treatment.

For patients with a dental benefits plan, we are happy to process all of your insurance claims for you. However, your bill is ultimately your responsibility and you will be billed for all portions not covered by your dental benefits plan carrier.

Any insurance coverage estimates we provide are as a courtesy, are made to the best of our ability, and are made in good faith. For more details or any questions about your coverage, please contact your plan carrier.

If you fail to uphold your financial responsibilities for your dental care and your account becomes delinquent, it will be turned over to Wynn-Singer collection agency.

Cancellation Policy: Please call us by 12:00 p.m. (noon) on the weekday prior to your scheduled appointment to notify us of any changes or cancellations**.** If prior notification is not given, you will incur a charge for the missed appointment.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want and need. Please let us know if you'd like a copy of this Financial Policy.

I have read, understand, and agree to the terms of the Financial Policy and, if applicable, authorize my insurance company to pay my dental benefits directly to Dentistry on the Village Green.

_____   _____
Patient, Parent, or Guardian Signature   Date

_____
Patient Name (Please Print)