



Andrea M. VanCleave, DDS, MSD

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2612 Yelm Highway SE, Suite A, Olympia, WA 98501

Financial Policy

Payment Options

Payment is due at the time of service. Any outstanding balance will be collected at the end of your child's appointment along with any co-pay. If you are a patient with no insurance or have an insurance we do not bill, you will be required to pay in full at the time of service.

We accept the following credit cards:

Visa, MasterCard and Discover

Insurance

Your insurance policy is a contract between you and your insurance carrier. Please review and understand your insurance benefits. Your specific policy may not cover everything. If you do have questions please contact your insurance company. Different policies from the same insurance company may have different requirements. Please be aware of what your policy covers and what it does not.

We ask that you are financially responsible for payment of all co-pays, deductibles, and non-covered services.

Non-sufficient Funds (NSF) Checks

If a check is returned because of non-sufficient funds, there will be a \$40.00 NSF charge applied, plus the amount of the check.

Signed By: _____ **Date:** _____

Print name: _____

Parent or Guarantor to sign and print name