

FINANCIAL POLICIES

Thank you for choosing our office as your dental healthcare provider. We are committed to providing you with the highest quality lifetime dental care so that you may attain optimum oral health. Our office accepts cash, personal checks, credit cards and outside payment financing.

Please check if you would like more information about financial options: _____

Please Note: Returned checks will be subject to additional fees. In the case it becomes necessary for our office to enlist a collection services and/or legal assistance; you will be responsible for any collection and/or legal charges up to 35%.

Do You Have Insurance?

We must emphasize that as providers of dental care, our relationship is with you and not your insurance company. We file the insurance claim as a courtesy to our patients, but all charges are your responsibility from the date of service rendered. Not every service is a covered benefit under all contracts. Some insurance companies arbitrarily select certain services they will not cover. It is important that you read and understand your dental insurance policy and its requirements for coverage including preauthorization of services. If you provide outdated or incorrect insurance information, you will be responsible for any denied claims. Most plans have a timely filing period, so it is important that the information you provide our practice is your current active plan.

Per your insurance company, your co-pay must be paid at the time services are rendered. There may be a \$5.00 fee applied to your account if we have to send you a statement for your copayment. We accept cash, checks, debit cards, Care Credit, Lending Club and all major credit cards. If a check is returned you will be charged a return check fee of \$50.00.

Appointments:

If you need to reschedule or cancel your appointment, please give us a 24-hour notice. If a 24-hour notice isn't given a broken appointment fee will be applied to your account. Your insurance company permits us to charge per half hour for a broken appointment. If we are experiencing severe weather, (ice, snow, etc.) please call our office before your appointment. We will close if we feel it is necessary for the safety of our patients and staff.

Dental Records:

We will gladly copy your dental records for you after a record release form is filled out. There will be no charge to you if the new dental office address & email is provided, and we send the records directly to the new office. We need 10 working days to expedite this request. If you are hand carry your records, there is a fee per family as outlined by Virginia code 8.01-413B which requires that records be provided currently within 15 days (Va. Code is subject to change).

THE ABOVE STATEMENTS ARE A SUMMARY OF OUR POLICIES. PLEASE DO NOT HESITATE TO CONTACT US WITH ANY QUESTIONS OR CONCERNS.

I HAVE READ AND RECEIVED THE PRACTICE AND FINANCIAL POLICIES OF ADVANTAGE DENTAL.

We thank you for the opportunity to serve your dental health care needs and welcome any questions you may have concerning your care or our financial policy.

Signature: _____ Date: _____

Witnessed: _____ Date: _____

If this consent is being signed by a personal representative of the patient, provide the following information (Please Print).

Personal Representative's Name: _____ Date: _____

Patient's Name: _____ Relationship to Patient: _____