

Family & Aesthetic Dentistry of South Riding

FINANCIAL INFORMATION

It is the goal of our practice to provide not only the finest care available, but also to provide financial services that do not cause undue hardships. Patients will be scheduled for treatment after financial arrangements are made with our Financial Associate regarding all treatment. PLEASE READ CAREFULLY. OUR FINANCIAL ASSOCIATE IS AVAILABLE TO ANSWER ANY QUESTIONS YOU MAY HAVE.

X-ray Requirements- We pride ourselves in delivering the highest standard of care; therefore, complete diagnostic x-rays are necessary. We require a complete series of x-rays on new patients and patients who have not been to see us on a regular basis. If you have had this series done with another dentist in the past three years, we ask that you bring them with you on your initial visit. If you do not have them or are not able to retrieve them from your prior dentist before your appointment with us, we will need to take x-rays and bill you accordingly.

Insurance Policy- The patient is always expected to pay his/her portion at the time of service, including co-pays and deductibles. For major dental work, cosmetic procedures, and TMD treatment we require payment in full at the time the appointment is scheduled. As a courtesy to all our patients with insurance, we will file dental services with your primary insurance company, and if applicable your secondary insurance. The normal time allowed for insurance response is 30 days. Any balance remaining on your account after 30 days or after your insurance pays is solely your responsibility. Your insurance plan is ultimately a contract between you, your employer, and the insurance company. We are in no way responsible for the determination or assignment of benefits

Payment Policy- Our office requires payment in full for all services rendered at the time of visit, unless other arrangements have been made. If your account becomes delinquent and no financial arrangements have been made, you will be responsible for legal fees, interest charges, 33.3% attorney fees, and any other expenses incurred in collecting your account balance.

Broken Appointments- If you are unable to keep your appointment, please let us know at least 24 hours in advance. There will be a charge for broken appointments; \$50 for the first hour \$25 for every 1/2 hour following.

AUTHORIZATIONS FROM PATIENT

I authorize the staff to perform any necessary services needed during diagnosis and treatment. I also authorize the provider to release any information and/or x-rays required to process insurance claims and/or health practitioners.

I understand that my insurance policy is a contract between me and my insurance company (ies) and that I am responsible to Aesthetic Dentistry of South Riding for all fees.

I authorize and request my insurance company (if applicable) to pay directly to the dentist or dental group, insurance benefits otherwise payable to me. I understand that my dental insurance carrier may pay less than the actual billed services.

I understand the above information and guarantee this form was completed correctly to the best of my knowledge and understand it is my responsibility to inform this office of any changes to the information I have provided.

Signature: _____ Date: _____
_____ Adult Patient _____ Parent or Guardian _____ Spouse's Signature (POA Required)