

Piedmont Dental @ Lake Anna Financial, Insurance, and Office Policies

At **Piedmont Dental @ Lake Anna**, we believe that you deserve the best care. That's why we always present you with the best dental solution possible to treat your personal situation. Each year we provide outstanding dental care to hundreds of patients. Some have dental benefits but some don't. If you have dental benefits, congratulations! You are very fortunate. Here are some important things you should know:

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_____ Your dental benefits are based upon a contract made between your employer and an insurance company. **If you have any questions regarding your dental benefits please contact your employer or insurance company directly. Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you.**

_____ Our practice will accept an assignment of benefits from your insurance company with the conditions listed below. It is important to understand, though, that the agreement regarding your dental benefits is between you, your employer, and your insurance company. The obligation you have with our practice is to pay for all treatment and services we provide to you, regardless of the amount that may or may not be reimbursed by your insurance company. By having our practice process your insurance forms, it is important that you understand that this does not eliminate your financial obligation for your treatment. The following provisions identify our policies governing insurance claims.

_____ We require you to sign this agreement and/or any other necessary assignment documents that may be required by your insurance company. This instructs your insurance company to make payment directly to our practice.

_____ Our practice does **not** guarantee that your insurance company will pay for treatment you receive from our practice. We perform routine insurance billing procedures upon verification of coverage. However, if your claim is denied, you will be responsible for paying the full amount at that time.

_____ We currently accept all private care insurance plans (plans that do not require you to select a dentist from a list or require our office to accept a reduced fee for service). This means that we work with literally thousands of companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is **impossible** to give you a guaranteed quote of benefits coverage at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**, and may **not** match what they pay. Factors that may affect payment by your insurance company may include but are not limited to benefits used at another office or limitations of your policy that we are not aware of. If you would like to know your insurance benefit, we will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment. Keep in mind this is **not** a guarantee of coverage. This does delay treatment but will give you the exact out of pocket figures you may require.

_____ We will bill your insurance as a courtesy. If insurance does not pay within 60 days, **Piedmont Dental @ Lake Anna** reserves the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between **YOU and your insurance company**. Our office is not,

and cannot be a part of that legal contract, although we will provide necessary documentation your insurance company requests to sort out any confusion or questions that may arise. We will cooperate fully with the regulations and requests of your insurance company. Ultimately, you are responsible for all charges incurred in our office.

_____ **Piedmont Dental @ Lake Anna** does require payment in full for your portion at the time of service. We accept MasterCard, Visa, American Express, Discover, cash, and checks (for existing patients with established payment history). **We do not accept checks for over \$500.00 for any patient.** If you are in need of an extended finance option, we also work with Care Credit, who offers 3, 6, 12 or 18 month “same as cash” or longer terms with an interest bearing revolving charge designed to meet your treatment plan needs on approved credit.

_____ We offer a 5% discount for proposed treatment plans over \$3,500 when **PAID IN FULL** with CASH ONLY prior the start of the entire proposed treatment.

_____ It is your responsibility to inform **Piedmont Dental @ Lake Anna** of any and all changes in your dental benefits plan, medical history or personal information, including but not limited to Insurance Company name, policy changes, loss of benefits, individuals covered, divorce, personal contact information, medical changes and any other information that may be required in your care.

_____ In the case of a Divorce or Legal Separation, the party responsible for the account prior to a Divorce or Legal Separation remains responsible for the account. After a Divorce or Legal Separation, the patient or in the case of a minor receiving treatment, the authorizing parent will be responsible for all treatment rendered. If a Divorce Decree requires another person (former spouse or other parent for example) to pay any dental costs, it is the responsibility of the authorizing patient or parent to collect from the responsible party.

_____ Returned checks will be subject to a \$50.00 returned check fee. Returned checks and balances older than 60 days will be subject to collection fees and finance charges at 1.5%/ month (18% annually) Any delinquent accounts will be referred to Court for legal action. There will be a collection fee of 33.3% and/or court costs and reasonable legal fees should this be required. You understand that your treatment in our office may become a matter of public record if your account is submitted to an attorney, collection agency or if we have to litigate in court, or if your past due status is reported to a credit reporting agency.

POLICY ON BLOOD BORNE AND INFECTIOUS DISEASE

Due to the nature of our role in your healthcare, our professionals are routinely exposed to blood and bodily fluids during treatment. In accordance with Section 32.1-45.1 of The Code of Virginia, Dr. Clark requires that if an employee is exposed to bodily fluids in a manner that may transmit blood borne or infectious diseases, both the employee and the patient will be tested for disease.

I agree with the above conditions regarding the Financial, Insurance and Office Policies:

Print Name: _____ Date: _____

Patient/Parent Signature: _____

APPOINTMENT AGREEMENT FOR PIEDMONT DENTAL @ LAKE ANNA

_____ Welcome to our practice. We are honored that you have selected us for all of your dental needs and wants. As a new patient, and to ensure we deliver exceptional dental care, we want to share with you that we are 100% committed to providing timely and quality service to all our patients. However, we also believe that an important aspect of delivering exceptional dental care is our patients' commitment to our practice as well. Therefore, we request that you honor your reserved appointment as scheduled. Please see our policy below regarding our Appointment Agreement.

_____ A specific amount of time is reserved especially for you your care for that day. We strongly encourage all patients to keep their appointments and to be on time. This insures that we can treat your needs properly and do the same for our other patients. If you must change your appointment, we require at **least 48 hour** notice to avoid a **\$45/hour cancellation fee** (emergencies are an exception.)

_____ Because missed appointments increase the cost of healthcare for everyone, after two missed appointments in which 48 hours' notice has not been given, you may be required to pay a deposit before we reserve your next appointment. The deposit fee will then be applied to any treatment rendered, or forfeited if your reserved appointment is missed or cancelled without the required 48 hours' notice. After two missed appointments we will only be able to offer a same day appointment or a non-prime appointment time. We appreciate your understanding in this matter.

_____ There are some procedures that require a deposit to reserve the appointment time. The deposit will be applied towards the treatment rendered; however, as referenced above, the deposit will be forfeited with regard to not showing for the appointment or less than 48 hours cancellation notice. In that case, a new deposit will be required to reschedule that procedure. The procedures requiring a deposit include Root Canal Therapy and Periodontal Scaling and Root Planing. A deposit of \$50 is required for these procedures.

_____ All appointments requiring either long appointment times or extensive treatments require at least 50% deposit at the time the appointment is made and the remaining patient balance is due the day of treatment prior to the beginning of the treatment. The nature of the appointment type will be determined by Dr. Clark of Piedmont Dental @ Lake Anna.

_____ In the event of an emergency after regular business hours a **\$55 emergency fee** will be charged for established patients in addition to the necessary treatment fees. Patients who are not established in the practice will be charged **\$125 after hour's emergency fee**.

I agree with the above conditions regarding The Appointment Agreement:

Print Name: _____ Date: _____

Patient/Parent Signature:
