



# Aesthetic Dentistry of Charlottesville, P. C.

434/984-3455

## Office, Dental Insurance Information, and Financial Policies

Dear Patient:

Thank you for choosing our office for your dental needs. We would like to acquaint you with our policies regarding dental insurance, schedule changes, and financial guidelines. We strive to provide quality dentistry with compassion in a comfortable and friendly atmosphere and hope that you and your family will feel welcomed into our dental family.

*Since we know it is not always possible to pay your dental bill in full, we would like to explain our financial guidelines. Please choose the option that works best for you.*

◆ **Dental Insurance**-If you have dental insurance, we will complete your insurance form with all the necessary information and submit it to the insurance company as a service to you. We ask that you pay the estimated co-payment at the time services are rendered. If you fail to bring the required insurance information to your appointments we will ask that you pay the bill in full and obtain reimbursement directly from your insurance company with paperwork provided by our office. Our office does not guarantee that your insurance company will pay for the treatment you receive from our practice. If your claim is denied or the treatment is down-coded and or alternative benefits are paid, you will be responsible for paying the full balance on the account at that time. \_\_\_\_\_ (please initial)

Our office will not enter into a dispute with your insurance company over any claim, although we will provide the necessary documentation your insurance company requests to settle the claim.

◆ If your insurance company has not made a payment within 30 days of billing, the balance will become your responsibility. (Insurance coverage is a contractual agreement between the insurance company and you or your employer. We have no control over this relationship).

◆ **Payment is due at the time treatment is rendered.** We accept cash, personal checks, all major credit or debit cards, and Care Credit.

◆ **Payment Plans**- If you need to make long-term payments we can offer financing with Care Credit. You must qualify to use this option. Alternatively, our patients of record with no history of delinquencies on their account will be offered a three-month payment plan with a credit card on file. There is a \$50 charge for all declined cards if you elect this option.

All patients with an outstanding balance will receive a statement each month. There is a monthly finance charge of 1.5 % (18% APR) on all accounts greater than 60 days overdue. If you pay by check and it does not clear the bank, you will be charged a return check fee of \$50.00 per check.

We reserve the right to charge for appointments broken without proper 48 hours' notice. The charge for a missed appointment or late cancellation with fewer than 24 hours' notice is \$50.

**Minor Patients**- The adult accompanying the minor is responsible for the payment on the account. For unaccompanied minors, non-emergency treatment will be denied unless payment is prearranged.

**I authorize and release information and payment of my dental insurance to the dentist.**

I have read and understand fully the financial policies of Aesthetic Dentistry of Charlottesville. I agree to accept responsibility for payment of my bill including co-pays, deductibles, or non-covered services requested by me. I understand that in the event my account becomes delinquent, I will be responsible for interest on the principal balance which will accrue at the rate of eighteen percent (18%) per annum from the date of service as well as collections agency fees of 33 1/3 % of the principal balance, court costs, and any other charges incurred in an effort to collect this debt. In the event the account is turned over to collections, you will need to discuss all payment arrangements with the collection agency directly.

\_\_\_\_\_  
Signature of patient, parent, or guardian

\_\_\_\_\_  
Date