

Financial Policy and Dental Insurance

Dear Patient:

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

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

- We offer comfortable financing through **Capital One** and **Care Credit**. Both plans offer 12 month **NO INTEREST** financing as well as long term plans with low interest rates. (The patient will be responsible for any service fee charged to this practice by the Capital One and/or Care Credit.). You must qualify to use these plans. Please do not hesitate to ask us about this option.
- For major cases ½ of the treatment fee is expected at the initial preparation appointment with the balance due at the delivery of the case. If insurance is involved, the patient's portion is expected in 2 equal payments.
- A 5% courtesy will be given when the fee is paid in full a minimum of 72 hours prior to beginning treatment when paying with cash and/or money order (no checks).
- A 3% immediate payment courtesy will be given when the fee is paid in full on the day treatment begins when paying with credit card, debit card or cash (no checks).
- We accept Visa, MasterCard, checks and cash.
- In-house monthly payments through Easy Pay using a Visa/MasterCard (Max of 4 months).
- Senior citizens (age 65+) will receive a 10% courtesy after insurance has paid. If no insurance is involved the courtesy will be immediate.

Dental Insurance

- Dental Insurance - As a courtesy to you, if you have dental insurance we will complete your insurance form with all the necessary information and submit it to the primary insurance company. Your co-payment will be estimated and is due at the time of service unless other arrangements are made with this office. Any secondary coverage is the responsibility of the insured.
- If your insurance company has not made a payment within 60 days of billing, the balance will become your responsibility. You will be billed for any balance due. Insurance coverage is a contractual agreement between the insurance company and you and/or your employer. We have no control over this relationship. Again, we do not file for secondary insurance.

All patients with an outstanding balance will receive a statement each month. We reserve the right to charge any outstanding balance over 25 days a finance charge of 1.5 (18% APR).

We reserve the right to charge for appointments broken without the proper 48 hours notice.

SIGNIFICANT EXPOSURE - Section 32.1-45,1(A) and (B), Code of Va. (1950, as amended) provides that in the event of significant exposure (e.g. needle stick), consent for testing for Human Immunodeficiency Virus (HIV), Hepatitis B Virus and Hepatitis virus is considered to have been given by the patient and /or healthcare worker thereby granting the Hospital the right to perform such tests. Test results are confidential and can only be released in accordance with applicable laws and the policy of the local hospital.

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

I have read and understand fully my financial options and obligations. I understand that in the event my account becomes delinquent I will be responsible for any collections, attorney fees at 33 1/3%, court costs and any other charges incurred to collect this account.

Additionally, by signing this form I hereby authorize Railroad Dental Associates to process Credit Card transactions initiated by me either by mail or phone and authorize my credit institution to pay.