



601 Roanoke Street  
Christiansburg VA 24073

540-382-0201

## **OUR OFFICE FINANCIAL POLICY**

Thank you for choosing us as your dental healthcare provider. We believe that all patients deserve the very best dental care we can provide. We also believe that everyone benefits when specific financial arrangements are agreed upon. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require that you read and sign prior to any treatment. All patients must complete our patient registration forms before seeing a doctor. We accept cash, checks, Visa, Mastercard, Discover and American Express cards. We also accept Care Credit extended payment options with prior approval.

### **Regarding Insurances**

As a courtesy to our insured patients, we submit claims to your insurance company free of charge. We are unable to file claims unless you provide ALL insurance information. We will help you receive your maximum allowable benefits. Regardless of insurance benefits, the cost of dental treatment is your responsibility. We request that any co-payment, deductible and any service not covered by your insurance plan be paid at the time service is provided. Your insurance policy is a contract between you and your insurance company/employer. If insurance has not paid your account within 60 days, YOU are responsible for the balance. Please be aware some and possibly all of the services provided may be non-covered services and not considered reasonable, usual and customary under the terms of your dental policy.

### **Usual and Customary Rates:**

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

### **Payment Plans:**

We have partnered with Care Credit, a patient financing company, to offer our patients 0% interest financing for 6-18 months with approval.

### **Minor Patients:**

The adult accompanying a minor and/or the parents/guardians are responsible for payment at the time of service regardless of whom the insurance subscriber is.

### **Refunds:**

Refunds for overpayments will be sent after treatment is completed and all insurance payments have been collected.

### **Collections:**

Any account that has not received payment in 90 days will be turned over to Creditors Collection Service to pursue the responsible party for reimbursement. This will, unfortunately, negatively impact your credit history and limit the treatment you can receive at our office. If your account is satisfied we will continue to offer service but on a cash basis.

***Thank you for reading our financial policy. Please let us know if you have any questions or concerns. We look forward to providing the highest quality dental care in a relaxing and caring atmosphere.***

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Print Name

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Signature

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Date