



www.periodontalhealthassociates.com

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FINANCIAL POLICIES

1. Payment is expected, in full, at the time services are rendered, unless financial arrangements are made prior to the start of treatment.
 - We accept cash, check and all major credit cards.
 - 3 month in-house financing available with no interest charged.
 - 12-month financing available, with approved credit, through an outside lending source.
 - 5% adjustment is offered to our **non-insured** patients who pay their **entire** treatment plan total in **cash or check** prior to treatment beginning. Only treatment plans totaling \$500 or more are eligible for this adjustment
2. A treatment plan, including fees and insurance estimates, will be given in writing at the time the treatment is recommended. The estimated patient portion listed on the treatment plan is expected at time services are rendered, which may include a deductible. We are able to give a good-faith estimate on the potential benefits of most insurance companies. This estimate is only a guideline however, until final payment is received and should not be considered a guarantee of benefits. Once payment has been made by an insurance company, we will bill or refund any difference to the guarantor.
3. Our office participates with Delta Dental. Primary dental claims will be filed as a courtesy for patients with dental insurance. Filing of secondary insurance claims is the responsibility of the patient. Should a patient chose not to disclose the social security number or alternate ID# of the insurance subscriber, we are unable to file insurance claims. The guarantor will be responsible for making all payment at the time services are rendered.
4. In the event of default on payment, after 30 days, the guarantor will be charged 1.75% interest on outstanding balances. Outstanding balances, after 120 days, may result in collection action. The guarantor will be responsible for all collection fees and attorney fees that may be incurred.
5. There will be a fee of \$35.00 for all returned checks.
6. If an appointment must be changed, our office requires 48 business hours notice. We understand that emergencies arise and know that, in those circumstances, you will give as much notice as possible. **Appointments broken within 48 hours, if not a true emergency, will be subject to a cancellation fee of \$50.**

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE POLICIES:

Patient Name (Printed): _____

Guarantor Name (Printed): _____

Guarantor Signature: _____

Date: _____