



Dr. Robert King, DDS
Dr. Amber DeWeerd, DDS
Dr. Niels Oestervemb, DDS, MsC, ABGD FAGD

FINANCIAL POLICY

Welcome! We are very pleased that you have chosen us for your dental care. It is our goal to provide you with the highest quality of care in a very pleasant atmosphere.

Part of maintaining a pleasant atmosphere is helping all of our patients with their dental insurance and/or related financial matters. Over the years, we have developed the following set of policies that insure comfort and understanding for all of us. Adhering to these policies helps to control costs for you and for us:

- Your responsible portion of the payment is due at the time services are rendered. We accept cash, checks, debit/credit cards, and Care Credit Financing Plan. Pre-payment for services is another option that patients use.
- In order for us to file and continue to track your insurance claims on an ongoing basis, assignment of payment must be to our office. Otherwise, we will provide you with the information you will need to file on your own behalf.
- Our office will file your insurance claim a maximum of two times per appointment. After two times, it becomes your responsibility. Remember that your insurance is really a contract between you and your insurance carrier.
- *If the claim is not paid by your insurance carrier for any reason within sixty days, you will be responsible for the full balance and further insurance appeal becomes your responsibility. We will be happy to provide you with claim information so that you can follow up on your insurance claims personally.*
- You must provide our office with a dental insurance card, or other form of information that contains ALL of the information necessary for our office to file a claim on your behalf. For certain procedures, our office may also require your health insurance information as well. If any of this information is not available at the time of the appointment, you will be responsible for the payment of all fees and we will provide you with claim information in order that you may submit for your reimbursement.

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- **If insurance benefits are assigned to the doctors, you will be responsible for paying your deductible and co-payments at the time of services. *You are responsible for paying all charges not covered by your insurance carrier. The only exception to this, is if you have Delta Dental Insurance. Your insurance benefits are a contract between you, your employer, and your insurance carrier. The amount of coverage you receive will depend upon the quality of the plan purchased by you and/or your employer -- not the fees of this office.***
- **Our office cannot carry balances longer than 90 days. Finance charges of 18% APR will be added to all accounts after 60 days.**
- **If your account becomes delinquent, our office will notify you by mail, and if action is not taken on your part to resolve the delinquent status, our office will be required to employ a collection service. The responsible party on the account agrees to pay all related collection fees which can amount to as much as 50% of the outstanding balance.**
- **There is a \$30.00 service charge on all returned checks.**
- **We require 24 hours notice if you are unable to keep your appointment. If you give us less than 24 hours notice (barring emergency, of course) you will be charged a fee of \$25.00 per half-hour of appointment time.**
- **The parent or guardian who brings a child for the visit is responsible for payment. We cannot and will not intervene between parents in domestic situations. Also, all children being seen in our office must be accompanied by a parent or guardian. If this is not possible, a note must accompany the child, permitting our office to perform treatment.**

I have read and understand the Financial Policy of Smiles of Virginia Family Dental Center.

Printed Patient Name

Date

Patient/Responsible Party

Date