

## **Charlottesville Dental Care**

### **Financial Agreement**

Thank you for choosing Charlottesville Dental Care as your dental care provider. We are committed to providing the best dental care using the latest technology and we strive to have great relationships with our patients. Paying for and financing treatment is part of that relationship, therefore we want to let you know what is expected.

#### **General**

Understand that regardless of any insurance benefits or status, you are responsible for the balance due on your account for the professional services that we provide. This includes all treatment rendered by our dental hygienists and Dr. Delph. We follow the highest standard of care and make recommendations based on what is best for you, not what your insurance covers. Treatment estimates will be provided to you prior to scheduling treatment. If insurance benefits apply, please understand that these are estimates only. A preauthorization can be requested, however understand that payment is not guaranteed.

#### **Missed Appointments**

We do understand that circumstances may require you to cancel appointments with short notice. We ask that you make all efforts to contact the office at least 48 hours prior to your scheduled appointment to cancel. Failure to do so may result in a broken appointment fee of \$50 per half hour of scheduled treatment time. All no shows will be subject to the same broken appointment fee.

#### **Insurance**

As a courtesy to our patients, our office will attempt to verify and obtain your specific benefits regarding your insurance policy. However, it is ultimately up to you to know your insurance benefits, including coverage and annual maximums. We will also gladly submit your insurance claims for you. By signing this agreement, you give authorization for your insurance company to pay Charlottesville Dental Care directly for all claims submitted on your behalf.

#### **Payment**

FULL PAYMENT is due at the time of service. If insurance benefits apply, ESTIMATED CO-PAYMENTS AND DEDUCTIBLES are due at the time of service. We accept, Cash and most major Credit Cards. Personal Checks are not accepted. A deposit of 20% will be required to schedule any treatment in which the time needed is more than one hour

Unpaid balances over 30 days will be subject to monthly interest of 1.5%. If payment is delinquent, the patient will be responsible for payment of collection, attorney's fees, and court costs associated with collecting monies due on the account.

I have read, understand, and agree to the terms and conditions of this Financial Agreement.

Signature\_\_\_\_\_ Date\_\_\_\_\_