

Belmont Dentistry

OFFICE FINANCIAL POLICY

1. Charges for services rendered are due and payable the day of the appointment. We have a ZERO BALANCE office policy.
2. Payment plans are available for treatments over a minimum fee. All financial arrangement must be settled prior to rendering any dental service.
3. We will assist with filling insurance; however, the patient, parent or guardians are directly responsible for payment in full of any and all fees not paid by the insurance company. There are no exceptions. When treatment co-pays are quoted by the office, these are estimates only, your actual insurance coverage may be less or more.
4. Personal/Business Checks that are returned due to “insufficient funds” will be charged a \$30.00 return fee.
5. Appointment cancellations with less **than 2 business days notice** are subject to a fee of **\$60.00** for appointments scheduled in the hygienist schedule and **\$100.00** for appointments scheduled in the doctor’s schedule. Also, any appointment cancellation with less than **2 business days notice** that are scheduled for **2 hours** or longer in the doctor’s schedule, a fee of **\$200.00** will apply. Arriving more than 15 minutes late to your appointed time is considered a failed appointment as well. Also, with any no show, the following fee’s will apply.
6. All accounts over 60 days will be considered past due. Such accounts are subject to 18% APR or 1.5% monthly finance charges. Past due accounts may be referred to an authorized collection agency. Accounts sent to a collection agency will be assessed a \$30.00 collection fee or 33 1/3 % collection charge on the unpaid balance, whichever is greater. The patient, Parent or Guardian will also be liable for any applicable attorney fees and court cost. Accounts that have been referred to an outside collection agency will be placed on a CASH/ CREDIT CARD ONLY basis for any future treatment.
7. We are required by the State of Virginia to keep patient records for three years past the final date of treatment. Records of patients that have not been to this office in over three years may be purged. If you are moving or leaving the practice for any reason you may want to request a copy of your dental records. There will be a minimal charge to copy your x-rays and records.

I have read and understand the Financial Office Policy of Belmont Dentistry. I agree to be responsible for all dental services and materials not paid by my dental insurance for me or my dependents. I authorize release of any information relating to any insurance claims to the relevant insurance company. I authorize payment of dental insurance benefits to Belmont Dentistry, unless payable to me directly per the Insurance Plan.

Signature of Patient/Parent/Guardian of Minor

Date

Print Name