

## **FREDERICKSBURG DENTAL ASSOCIATES**

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It is the goal of the doctors to provide you with the finest of dental care available at a cost that is both fair and reasonable. Your understanding of our financial policy is essential.

Our office submits insurance forms as a courtesy and service to our patients. We are not obligated to perform this service except for plans which we have a participating agreement. Please keep in mind your insurance plan is a contract between you and the insurance company not our practice and the insurance company. Therefore, you have a responsibility to make sure your claims are being paid in a timely manner by your insurance company. Our office does not file tertiary insurance. We will, however, provide you with the information necessary to submit the claim yourself.

IT IS YOUR RESPONSIBILITY TO PROVIDE US WITH COMPLETE INSURANCE INFORMATION INCLUDING SUBSCRIBERS NAME, DATE OF BIRTH, ADDRESSES, SOCIAL SECURITY NUMBER AND/OR INSURANCE IDENTIFICATION NUMBER, AND EMPLOYER INFORMATION. YOU MUST INFORM US OF ANY CHANGES TO YOUR COVERAGE PRIOR TO YOUR APPOINTMENT. WE CANNOT FILE CLAIMS WITHOUT ACCURATE INFORMATION.

### **INSURANCE INFORMATION**

We participate with the PPO plans Aetna, Anthem Blue Cross Blue Shield of VA, Delta, Cigna, and United Health Care. Plan participation is subject to change. You are responsible for your co-pay at the time of service. You are also responsible for any deductibles, coinsurances or charges denied by your insurance as non-covered services. You are bound by your plan to know their rules and guidelines. Any questions as to why your plan paid or denied a claim should be directed to your insurance company as it is impossible for our staff to be familiar with the requirements of all group plans as they can vary widely within the same plan. We do not call patients prior to an account being sent to the collection agency. You will be responsible for any attorney fees, court costs, interest, or any other additional fees required from a collection agency. You will not be permitted to schedule future appointments with our office or staff members until the balance is paid in full.

- **Miscellaneous Insurance Plans** (Any insurance plan our Dental Practice does not have a participation contract with) A traditional insurance plan pays a percentage of your charges usually after a deductible has been met. You will be asked to pay your percentage at the time of service and any balance not paid by your insurance within 30 days.
- **Alternate Benefits** Insurance companies often give alternate benefits for services. It is our policy in this office to place resin/composite (tooth colored) fillings in the posterior (back) teeth. The insurance companies normally give an alternate benefit of an amalgam (silver) filling on this procedure. Please be aware that you will receive an additional bill for any alternate benefit given by the insurance company. Other alternate benefits can include but are not limited to a partial denture for any missing teeth on an arch and a traditional crown for an implant retained crown.
- **Workmen's Compensation** We do not file workmen's compensation claims. The patient pays for the appointment. We provide the receipt for the patient to submit the claim for reimbursement.

- **Medical Claims** We do not file medical claims. We are a dental practice and do not have access to medical codes.
- **Payment and Collections**

If you are not covered by any insurance plan, payment at the time of service is required. Payment of first visit is either by cash or credit card. We accept MasterCard, Visa and Discover. Unpaid patient balances will be subject to 10% interest after 30 days. If you are covered by insurance, the 30 days begins after final insurance payment is paid.

ALL RETURNED CHECKS ARE SUBJECT TO BANK CHARGES AND A RETURNED CHECK FEE OF \$30.00. IF YOUR RETURNED CHECK SHOULD BE TURNED OVER TO A COLLECTIONS AGENCY, ALL FUTURE CARE WILL BE ON A CASH BASIS ONLY.

### **FLEXIBLE SPENDING ACCOUNTS AND HEALTH SAVINGS PLANS**

We do not coordinate with flexible spending or health savings accounts. These programs are a contract between the patient and their account provider. We do accept flex card payments. We can supply additional receipts but we cannot contact or respond to correspondence from your FSA/HSA for you.

### **MEDICAL HISTORY**

Upon your initial visit you will complete a clinical form including a detailed health history. Please take extra care in completing this history as certain medical conditions can affect the type and outcome of certain dental procedures. Any change in your general medical health condition or medications must be reported to the dentist or hygienist at any future appointments. We do require an update to your medical history to be completed on a yearly basis.

### **PRESCRIPTION MONITORING PROGRAM**

Our office utilizes the Prescription Monitoring Program which serves as a registry to track prescriptions for controlled substances.

### **CANCELLATIONS**

24 BUSINESS HOUR NOTICE IS REQUIRED FOR ALL CANCELLATIONS. Failure to do so may result in a \$30.00 broken appointment fee and affect the scheduling of a future appointment. If canceling your appointment via email or text, please allow sufficient time of delivery to enable us 24 business hour notification.

We realize as health care changes, confusion can occur. We will be happy to assist you in any way possible.

**I HAVE READ AND UNDERSTAND THE ABOVE POLICIES AS THEY APPLY TO ME.**

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Patient/Guardian Signature

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Date

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