

# CHARLOTTESVILLE BLUE RIDGE DENTAL

2320 Commonwealth Drive  
Charlottesville, VA 22901  
Office: 434-978-1510 Fax: 434-978-2857

Thank you for choosing our practice! We believe that establishing a written financial policy is mutually beneficial for all parties involved. It is our goal to avoid any miscommunications or concerns regarding financial matters so that we can focus our energies on providing quality dental care to our patients.

We participate with many different insurance providers. Each plan has different benefits for you as well as different financial obligations. Not all insurance policies cover all services. While we do our best to provide you with accurate estimates of treatment coverage, **it is your responsibility to check your insurance company to determine covered benefits**. You are responsible for payment on any estimated amounts not covered by your plan at each appointment.

The following are our guidelines relative to financial responsibility:

- Payment is expected at the time of service. This includes co-pays, co-insurance and deductibles. If you are interested in financing options, please discuss with our staff prior to beginning treatment.
- Please bring your insurance card to each visit. If you have a new insurance, please inform the front office upon arrival.
- Professional courtesy discounts are not extended.
- You may be charged a **\$50 No-Show fee** for any appointment missed or not canceled without a prior **24 hour notice**.
- Please change any appointments by calling our office and speaking with someone in person. Recorded messages to cancel without a prior 24 hour notice and just cause are subject to the no-show fee.
- Accounts may be turned over to an outside collection agency if 90 days or more past due from date of service.
- A service charge of **\$30.00** will be added to your account for returned checks and must be paid prior to scheduling your next appointment.
- Patients are legally responsible for all costs involved with the collection of their accounts' unpaid balances including court costs, reasonable attorney fees, and other expenses incurred.

We appreciate the opportunity to participate in your family's dental health. If you have any questions regarding this policy, please let us know.

## **Policy specific to composite restorations**

Charlottesville Blue Ridge Dental places exclusively composite (tooth colored) restorations (fillings). Some insurance plans will only cover the cost of an amalgam (silver) filling on back teeth. The cost of amalgam is often slightly lower than the cost of a composite filling. Therefore, while you may still receive the composite filling, your insurance company may pay their portion of that restoration at only the amalgam rate. Any remaining balance from what the insurance company did not pay towards the cost of the composite filling is your responsibility. If you have any questions regarding the downgrade in benefit from composite prices to amalgam prices, please contact your insurance company directly.

I have read, understand and agree to the above financial policy. I understand that charges not covered by my insurance, as well as applicable co-payments and deductibles, are my responsibility.

\_\_\_\_\_  
Responsible Party Name  
Patient or Guardian 18 and Over

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date