

Michael D. Doty, D.D.S 699 McBroom Street, Suite C Abingdon, VA 24210 (276) 628-6251

OFFICE FINANCIAL POLICY

FEES FOR SERVICES: All fees are due at the time of service; patient's portion will be collected at appointment check-in. We accept cash, check, Discover, MasterCard and Visa credit and debit cards, and CareCredit cards. Statements *will not be sent* in lieu of payment at the time of service.

DENTAL INSURANCE: Please bring dental insurance card to all appointments. Our office will file dental claims with all dental insurers however we are only 'in-network' with Delta Dental Premier. As the 'insured' *patient is responsible for calling their insurance company*, <u>in advance</u> of receiving services, to understand their specific coverage and patient's out-of-pocket fee responsibilities. Please note the patient's deductible and all estimated out-of-pocket fees will be collected at check-in. In the event that patient's insurer pays less than insurer initially estimated, patient will be sent statement for the difference and *balance is due in 10 days from the date of invoice*.

<u>CANCELLATION & NO SHOWS</u>: We request 24 hour notice to change or cancel a scheduled appointment. Should appropriate notice not be provided, a \$40 late appointment cancellation fee may be charged. If patient 'no shows' for a scheduled appointment a \$40 'no show' fee will be charged.

LATE PAYMENTS: If payment in full is not received within 30 days, a late payment penalty of 5% per month will be added to the outstanding balance and will continue to be charged, on a monthly basis, until the balance is paid in full. If a financial hardship develops, patients are asked to *immediately contact our office* to discuss alternative payment arrangements, which will be made on a case-by-case basis. If an account remains past due beyond 90 days, the account will be turned over to a collections agency with a collections fee, attorney fees and/or other associated fees added to the total amount due.

NON-SUFFICIENT FUND CHECKS: In the event that a patient's check is returned due to non-sufficient funds (NSF) a \$25 non-sufficient funds charge will be added to patient's account. The total outstanding balance is due, in cash, within 2 days. All future appointments will require cash payment in full at check-in.

LAYAWAY PLAN: Sometimes it's easier to set aside a little money in advance every month than make one payment. Our layaway plan allows patients to make monthly pre-payments to their account to plan for dental care in a way that works best with a patient's monthly budget. Please contact us for further details.

<u>CARE CREDIT</u>: Our office accepts Care Credit financing to provide our patients flexible options for taking care of immediate dental needs. Application is easy and can be made by phone or online. Response is immediate, allowing patients to take care of emerging issues *before* they become emergencies.

Our goal is to make our Patient's care experience smooth and enjoyable and payment requirements clear and understandable in advance of receiving services. Please ask if you have any questions!

Received by:

Signature of Patient or Patient's Guardian

Date