



# BIGGERS

## FAMILY DENTISTRY

13542 Waterford Place Midlothian, VA 23112

Dear Patient,

Thank you for choosing our office for your dental needs. We would like to acquaint you with our policies regarding dental insurance, financial policies and scheduling. We always strive to maintain quality dentistry with compassion in a comfortable and friendly atmosphere. We hope you and your family will feel welcome to our dental family.

- Dental Insurance- If you have dental insurance, as a service to you, we file all services with the necessary information to your insurance company. Estimated co-payments are due at the time services are rendered. If you do not have your insurance information or we are unable to verify your benefits, we ask that you pay the bill in full and have your insurance company reimburse you. **Our office does not guarantee that your insurance company will pay for the treatment that you receive from our practice. If your claim is denied, treatment down coded, or alternative benefit given, you will be responsible for paying the full balance left on the account.**\_\_\_\_\_ (Initial)
- Our office will not enter into a dispute with any insurance company, although we will provide the necessary documentation your insurance company requests to settle the claim.
- If your insurance company has not made a payment within 30 days of billing, the balance will become your responsibility.
- **Payment is due at the time service is rendered .We accept: cash, personal checks, Mastercard, Visa, and Discover charge or debit cards.**
- If you need to make payments, we offer 3 and 6 month interest free financing through Care Credit for qualified applicants.
- We reserve the right to apply a billing charge of 2% (24% APR) on all accounts 60 days overdue. Insurance co-payments are estimated and billing statements will be mailed for any balances remaining after insurance payment is received.
- Returned checks will be charged a fee of \$50.
- **There will be a charge of \$75 per hour for appointments cancelled without proper 24 hours notice.**
- Minor patients: The adult accompanying the minor is responsible for the payment on the account. For unaccompanied minors, non-emergency treatment will be denied, unless charges have been pre-authorized to an approved credit card or payment is made by check or cash.
- If a healthcare provider is exposed to bodily fluids, patient consents to testing for HIV, hepatitis B and hepatitis C and release of those test results to that provider.
- I authorize the release of information to my insurance and payment of insurance to the dentist.

**I have read and fully understand the financial policies. I agree to accept full responsibility for payment of my bill, including co-pays, deductibles or non-covered services. I understand that in the event my account becomes delinquent, I will be responsible for any collections, attorney fees at 35%, court costs, interest and any other charges incurred to collect the principle balance and 24% per annum from the date of service.**

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Signature of Patient/Parent/Guardian

Date