

OFFICE POLICY

Thank you for choosing our office for your dental needs. We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need and deserve, that allows you to enjoy a healthy, beautiful smile with respect to your budget. We are always available to answer your questions or assist you in any way we can.

We accept most dental insurance and we will gladly file the claims on your behalf. Please note we are participating providers for Delta Dental. We do not accept Medicare, Medicaid, Tricare, or Virginia Premier.

Payments are expected at the time services are rendered. We accept cash, checks, debit cards, and all major credit cards.

PAYMENT OPTIONS:

- 1. **FULL PAY OPTION:** You may pay in full on the date of service. We will file your insurance and payment will go directly to you.
- 2. **ESTIMATED CO-PAYMENT OPTION:** Your co-pay is paid in full on the date of service. Since we can only estimate your co-pay, you may receive a statement or a credit on your account after your insurance payment.
- 3. **MAJOR SERVICE TWO PAYMENT OPTION:** We offer a two-payment option for Crown, Bridge, and Denture treatment. We ask that you pay one-half of your co-payment at the first appointment and the second half at the seat date appointment.
- 4. **PAYMENT PLAN:** With approval from Care Credit, we offer our patients an interest-free loan (up to 12 months) with no down payment, no annual fee, and no prepayment penalty. Please ask for an application.

RETURNED CHECK FEE: There will be a \$35.00 returned check fee for checks with insufficient funds.

COLLECTIONS FEE: If your account is sent to a collection agency due to non-payment, you are responsible for all fees associated with this process.

EMERGENCIES: Please call our office for after hour emergency instructions. After hour charges will apply.

<u>FILLING OPTIONS</u>: You have the option of restoring your teeth with either amalgam (silver) fillings or composite (tooth colored) fillings. We recommend and will place composite unless you request amalgam. Individual insurance policies may vary on their coverage of composites; some plans only cover amalgams. We respectfully ask that you be aware of the details of your personal plan.

PLEASE READ THE FOLLOWING OFFICE POLICIES AND INITIAL BESIDE:

IMAGES & X-RAYS: I authorize the doctor or designated staff to take x-rays, study models, photographs and other diagnostic ids deemed appropriate by the doctor to make a thorough diagnosis.
BROKEN APPOINTMENTS: I understand that a specific amount of time is reserved for my appointment. Mills & Shannon tentistry strongly encourages all patients to keep their appointments. If you must reschedule your appointment, we require at least 2 usiness days notice to avoid a \$50.00/hour cancellation fee.
PAYMENTS: I understand that payments are expected at the time services are rendered.
have read and understand the office policies of Mills & Shannon Dentistry.
Signature of Patient/Parent/Guardian Date