



MILLS & SHANNON
DENTISTRY

COMFORT, CONFIDENCE & EXCELLENCE.

OFFICE POLICY

Thank you for choosing our office for your dental needs.

We are always available to answer your questions or assist you in any way we can.

PAYMENT: 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 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, or Virginia Premier.** Based on your individual insurance benefits, we will estimate your co-pay and ask for the patient portion at the time 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 is processed.

We accept cash, checks, debit cards, all major credit cards, and Care Credit. 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.

If you have any future questions regarding payment options, please ask to speak to our Financial Coordinator.

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

PLEASE READ THE FOLLOWING OFFICE POLICIES AND INITIAL BESIDE:

FILLING OPTIONS: 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.

IMAGES & X-RAYS: I authorize the doctor or designated staff to take x-rays, study models, photographs and other diagnostic aids 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 Dentistry strongly encourages all patients to keep their appointments. If you must reschedule your appointment, **we require at least 2 business days notice to avoid a \$50.00/hour cancellation fee.**

PAYMENTS: I understand that payments are expected at the time services are rendered.

Virginia State Law requires that if any employees of Mills & Shannon Dentistry or any other health care provider involved in my care as a patient is directly exposed to any of my blood or bodily fluids, that my blood will be tested for human immunodeficiency virus (AIDS test) or Hepatitis B or C viruses. Furthermore, I may be asked to have my blood drawn for these tests at no cost to me (the patient). This is pursuant to Virginia State Law Code Section 32-1-45.1(A). This is a way of protecting our employees and you as our valued patient.

I have read and understand the office policies of Mills & Shannon Dentistry.

Signature of Patient/Parent/Guardian

Date