



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.*

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.**

PAYMENT: We accept cash, checks, debit cards, all major credit cards, Care Credit, and financing through Chase. With approval from Care Credit or Chase, we offer our patients an interest-free loan with no down payment, no annual fee, and no prepayment penalty; time frame depends on amount processed. We are unable to offer in-house financing and payment plans. **Payment is required in full at the time of service.**

INSURANCE ESTIMATES: The treatment plan you receive is an **estimate only**. We make our best attempt to accurately reflect your insurance benefit; however we cannot be held accountable for plan-specific limitations and waiting periods. We respectfully ask that you be aware of the details of your personal plan. After your insurance payment is processed, you may receive a statement or credit on your account. You are responsible for any remaining balance after insurance claims are settled. You may elect to schedule based on the treatment plan's estimate or choose to wait for the insurance pre-determination of benefits. Either way, **your estimated patient portion is due in full at the time of service.**

FEES: There will be a \$35.00 returned check fee for checks with insufficient funds. An outstanding balance on your account is due and payable within 28 days of the billing date on your monthly statement. If it is necessary for your account to be referred to an attorney for collection there will be attorney fees of thirty three and one-third percent of the unpaid balance plus all court costs, including interest.

REMINDERS: As a courtesy, we will remind you of your appointment by text, e-mail and/or automated phone messages. Please respond to the reminder messages to confirm your appointments. If for some reason you do not receive a reminder message, your appointment card will serve as your reminder. Upcoming appointments are also listed at the bottom of your receipts.

APPOINTMENTS: Your appointment time is reserved for you! Mills & Shannon Dentistry strongly encourages all patients to keep their appointments. If you must reschedule your appointment, **we require at least two business days notice to avoid a \$50.00/hour cancellation fee.** We are closed on Fridays; therefore, Monday and Tuesday appointments will need to be rescheduled on the Wednesday or Thursday of the week prior. Multiple offenses will unfortunately result in dismissal from our practice.

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.

WARRANTIES: Dentures and partials include a six month warranty for defects. We will adjust your prosthesis for six months at no charge. We are unable to offer a lifetime guarantee on any dental work.

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.

In case of emergency, please call our office at 989-5700 for after hour emergency instructions. After hour charges will apply.

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

Signature of Patient/Parent/Guardian

Date