



**GWALTNEY DENTAL**  
FAMILY & COSMETIC DENTISTRY

A Division of Atlantic Dental Care, PLC

2486 Pruden Boulevard, Suffolk, Virginia 23434 (757) 539-3021

### **OUR FINANCIAL POLICY**

Thank you for choosing us as your dental care provider. We are committed to offering you quality preventive care and treatment. Please understand that payment of your bill is considered part of your care. The following is a statement of our Financial Policy, which we require you to read and sign.

#### **PATIENT WITHOUT DENTAL INSURANCE**

Full Payment is due on the day of service. We accept cash, check, check cards and most major credit cards. Financing is available with approved application through Care Credit.

#### **REGARDING INSURANCE**

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We file dental insurance as a courtesy. In order for us to bill your insurance company and obtain payment from them, we must have all of your insurance information on file. Your insurance plan may pay for some procedures in full. However, most treatment will only be partially covered by insurance. We cannot guarantee payment of insurance for any procedure. Any estimate given for fee of treatment or co-pay is strictly an **ESTIMATE**. You can assist us in making accurate estimates by being familiar with your plan provisions and updating your insurance information any time changes are made to your policy. We will file your claim in a timely manner and as an extra courtesy will follow up on any unpaid claims 30 days outstanding from the filed date. If your insurance has not paid your claim within 45 days, the claim is deleted from our files and the balance due becomes your responsibility to pay. You can then seek reimbursement from your insurance company. Your co-pay and any applicable deductible are due in full on the day of service. By signing this agreement, you authorize all insurance payments to be paid directly to Gwaltney Dental. Secondary insurance will be filed only if we are a participating provider. Due to coordination of benefits rules most secondary insurance companies have, we cannot and will not guarantee you will not have any out of pocket cost.

#### **USUAL AND CUSTOMARY RATES**

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment of any outstanding balance once your insurance claim has been paid regardless of any insurance company's arbitrary determination of usual and customary rates

#### **MINOR PATIENTS**

The adult accompanying a minor must agree to be the "responsible party" and *must be prepared to pay any balance (co-pay) due at time of service*. For all minors, written consent from the legal guardian for treatment must be made prior to treatment and prior payment arrangements must be made. If more than one party is legally responsible for payment on a child's account, *the adult who accompanies the minor to the appointment will need to arrange for full payment of co-pays to be made at the time of service*. Appointment information, recall notices, and billing statements will be sent to the same address.

#### **MISSED APPOINTMENTS**

Unless canceled at least **48 business hours** in advance, our policy is to charge for missed appointments. A **\$10 fee per 10 minutes** of reserved appointment time will be charged. After *3 broken appointments* the doctor reserves the right to dismiss you as a patient. Please help us serve you better by keeping scheduled appointments. *All broken appointment charges must be paid in full before anyone on the account can be seen.*

#### **AMALGAM / COMPOSITES**

This office *does not place amalgam (silver) fillings in teeth, only composites (white)*. I understand that there is an extra cost out of my pocket in addition to the percentage I am responsible to pay by my insurance to have composite fillings placed on posterior teeth because most insurance carriers consider this cosmetic.

#### **RETURNED CHECKS**

I agree to pay a **\$40.00 fee** for any returned check.

#### **PAST DUE ACCOUNTS**



A finance charge of **1 ½ % per month** will be assessed to all accounts *left unpaid after 30 days*.  
*Past due accounts, over 90 days, will be turned over to our collection agency. You are responsible for all collection and/or legal fees. Any unpaid balance may be reported to the credit bureau.*

**LIMITED DENTAL WARRANTY**

Our practice is proud of the dentistry that we provide for you and your family. Our goal is to not just correct any dental problems you may have, but to show you how to prevent dental disease in the future to save you both time and unnecessary expense. The long-term success of the dental treatment we provide for you depends upon your continuing home care of your teeth and gums, regular professional exams, cleanings, and fluoride treatments. The products recommended by us for you and the frequency of those professional care visits depend on your individual condition. Those visits may be every 2, 3, 4, or even 6 months apart depending on your oral health. With that in mind we offer the following *limited* dental warranties.

**Dental Sealants**

Sealants are plastic coatings placed on the chewing surfaces of the teeth to help prevent decay in the surface and grooves of the teeth. These are the most common areas to get cavities. Floss and the use of fluoride will help prevent decay between the teeth. We will repair or replace sealants for a period of 18 months after placement at a pro-rated fee. You must follow the recommendations on home care and keep the prescribed regular recall appointments with this office (*with no appointment varying more than 15 days of our recommended schedule*) or this warranty is null and void (*minimum every 6 months*).

**Onlays, Crowns, Bridges, Veneers**

We will warranty these most comprehensive procedures for a full 3 years at a pro-rated fee. We will repair or replace them during this three year period, (*at a pro-rated fee of the current pricing*), if they break with normal use. (*This does not include accidents that could also break normal healthy teeth.*) You must keep your prescribed regular recall appointments (*with no appointment varying more than 15 days of our recommended schedule*). If recommended appointments are not kept, this warranty is null and void.

**Full Dentures and Partial Dentures**

We will warranty full dentures and partial dentures for a period of 3 years at a pro-rated fee of the current years pricing, if a tooth chips or breaks, or a flange breaks under normal use. This warranty does not cover accidents such as dropping your full denture or partial denture. Full upper and lower denture patients must be seen in this office once every 12 months (*with no appointment varying more than 15 days of our recommended schedule*). Patients with some of their own natural teeth must be seen in this office at the prescribed recall appointment (*with no appointment varying more than 15 days of our recommended schedule*) or this warranty is null and void.

We are confident in the outcome of your treatment. The primary key to your long-term success is spending a few minutes a day on your home care, brushing, flossing, fluoride, and prescribed products. The second key to success is regular professional examinations, cleaning, x-ray films and fluoride treatments (*2, 3, 4, & 6 month intervals depending on your condition*). This limited warranty **does not cover accidents** that cause damage to teeth or dental prosthesis.

*Failure to have these regular visits with our office voids all warranties and may cause an additional out of pocket expense to you the patient. Help us to help you maintain your teeth for a lifetime.*

Thank you for understanding our Financial Policy. Please let us know if you have any questions.

I, \_\_\_\_\_, have read this Financial Policy. I understand and agree to this Financial Policy.

**X** \_\_\_\_\_

Signature of Patient or Responsible Party

PRINT NAME

Relationship to patient

Date