

LYNCHBURG DENTAL CENTER  
OFFICE POLICIES

Payment for treatment is expected at the time services are rendered. Patients who have dental insurance will be expected to pay their estimated portion as services are rendered. Please note we are unable to determine in advance the actual payment from your dental insurance company. Therefore, your estimated portion is calculated on our office fees. Upon receipt of final payment from the insurance company, we will generate a billing statement for the unpaid balance. It is important to remember services are provided to you and not to your insurance company. You are financially responsible for ALL services provided. Insurance claims are filed as a courtesy to our patient.

If an account is not paid within 90 days of the date of service, the responsible party will be liable for legal fees (attorney fees, court costs), collection agency fees, interest charges and any other expenses incurred in collecting the account.

Regular office hours are 8:00 AM – 5:00 PM Monday through Friday. Patients are seen by appointments only. We make every effort to be on time for our patients and ask that you extend the same courtesy to us. We require a minimum of 24 hours notice if you cannot keep an appointment or a \$50 broken appointment fee may apply.

Some services are typically not covered by dental insurance companies. These include, but are not limited to: full mouth debridement, implants and posterior composites. These are important dental services that provide you with better dental care. Our dentists feel they can provide better dental care using composite (white) fillings over amalgam (silver) fillings. Some insurance companies may reduce the fee for a composite filling. If you prefer amalgam fillings placed, please advise our dentists prior to your appointment. You are responsible for any difference that your insurance carrier refuses to pay.

**Patients accept and understand that:**

- 1.) As with any medical or dental procedure, there are no guarantees as to the longevity of the work performed.
- 2.) The treatment plan does not contain any warranty against loss of teeth due to disease.
- 3.) The patient plays a major role in the maintenance of their teeth and restorations.
- 4.) The patient needs to maintain good oral hygiene and keep regular dental check-up and cleaning appointments.
- 5.) If these conditions are complied with, the ONLY WARRANTY provided is:
  - a. YEAR ONE (1) – replacement at no charge.
  - b. YEAR TWO (2) – patient pays 25% of current fee.
  - c. YEAR THREE (3) – patient pays 50% of current fee.
  - d. YEAR FOUR (4) – patient pays 75% of current fee.
  - e. YEAR FIVE (5) and subsequent years – patient pays 100% of current fee.
- 6.) With Patient consent, before and after photographs may be taken of the procedure and used for and in documentation, diagnosis and treatment planning.

