



Office Policy Agreement

Thank you for choosing Lynchburg Dental Center. We are dedicated to providing you excellent dental health care. In order to reduce any potential misunderstanding, we have adopted the following office policy. We regard your complete understanding of this policy as an essential element of your dental care and treatment.

- **Office hours:** The office hours are 8:15 am-5:00 pm Mon – Thurs and 8:15 am-4:00 pm on Fridays. Patients are seen by appointment only.
- **Cancellation Policy:** We make every effort to see patients at their scheduled appointment time and ask that you extend the same courtesy to us. We require a 48 hour cancellation notice if you cannot keep an appointment: if you do not provide 48 hours notice, a **fee of \$50.00 - \$100** may be applied to the account depending on the amount of time reserved for your appointment. Your insurance company will not cover this fee.
- **Insurance:** As a courtesy we will complete and submit primary insurances claims on your behalf. We do not accept responsibility for the outcome of the transaction. By having our practice process insurance forms, it is important that you understand this does not eliminate your financial obligation for your treatment. Your insurance policy is a contract solely between you and your insurance company. If you fail to notify us of an insurance change you will be fully responsible for any amount not paid by your insurance.
- **Copayment:** We require that you pay the **Estimated** patient portion, which is the amount not covered by your insurance, at the time of service. This amount represents our best faith effort to determine your financial responsibility. It is NOT a guarantee of payment by your insurance company.
- **Account balances:** All account balances (including no-show and cancellation fees) are due within 30 days of your billing statement. After 30 days additional fees may be applied. Please be aware if balances are left unpaid, future appointments for the delinquent account will be cancelled until balance is brought current.
- **Returned check:** A fee of \$50 will be charged for any returned checks.
- **Composite (White) fillings:** Our dentists feel that they can provide better dental care using composite (white) fillings over amalgam (silver) fillings. Some insurance companies may reduce or “**downgrade**” the fee for a composite filling. If you prefer amalgam, please advise your dentist prior to your appointment. **You are responsible for any difference that your insurance carrier refuses to pay.**
- **Deposits:** Some dental procedures require the need for a longer dental appointment. In order to reserve your appointment you may need to pay a deposit when scheduling. This deposit will be applied to the cost of treatment. Such procedures may be Scale and Root Planing (SRP), Root Canal Therapy, Crowns, Bridges and Implants.
- **Collections:** Should your account be turned over to our Collection Agency, you will be responsible for any and all associated fees including, but not limited to, attorney, and court fees.

I have read, understood, and agree to abide by the financial and cancellation policies of Lynchburg Dental Center as outlined above. I also authorize my dental insurance to pay my dental benefits directly to Lynchburg Dental Center.

Printed Name: _____

Signature: _____

Date: ____/____/____