



Welcome To Loudoun Smile Center

We appreciate you choosing us to meet your dental needs. We take this responsibility seriously and are ready to accommodate you during your reserved appointment time.

Appointment Commitment

Please review the following:

If unforeseen circumstances occur which make it necessary for you to change your scheduled appointment, we request that you give a two business day's notice.

A broken appointment, one in which a patient does not call within 2 business days or does not show up, will incur a fee of \$30.00 per missed appointment, per provider, per half hour.

_____ (Initials) I agree to the above terms

Financial Policy

In order to provide our patients with the highest quality dental care on a sound business basis, we provide estimates of fees. Patient, parent and/or guardian are responsible for the patient portion on the date of service. This is not your insurance company's responsibility. We will file all necessary claims to your insurance as a courtesy to you. It is the patient's responsibility to contact their insurance companies if their claim remains unpaid within 45 days from the date of service. Any balance beyond 45 days is the patient's responsibility, and interest will be applied at a rate of 1.5% per month.

Financial options that we provide at this time:

- Cash or check on date of service treatment.
- Major credit card (American Express, Discover, MasterCard, Visa).
- Extended payment plan (based on credit approval).
- 5% Senior Citizen courtesy (age 65 and over)

It is patient's responsibility to complete treatment and follow recommended maintenance schedule. If the treatment and maintenance plans are not followed and/or appointments are missed, adverse results could affect your dental health. If the treatment plan is not followed in a timely manner, additional treatment for the involved teeth, supporting tissues, adjacent and opposing teeth, muscles or joints might become necessary.

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Insurance Policy

Importance of patient awareness regarding insurance benefits:

Loudoun Smile Center realizes the importance of insurance benefits. We ask patients to carefully review their policies and/or contact their insurance carriers with doubts about the terms of their coverage: benefits, frequencies, allowances, limitations, maximums and/or restrictions. Please be informed that dental insurance is a contract between patients and their insurance companies. Loudoun Smile Center is pleased to provide the courtesy of assisting patients in filing their claims. Our dentist's focus and dedication is aimed at providing the highest quality of care, independent of the terms of your insurance coverage. Patients are encouraged to take the time to learn the extent of their coverage, and this office will make any effort to help you to make your dental needs and financial needs come into alignment. Your insurance mails a copy of an Explanation of Benefits (EOBs) to you. Please pay attention to these statements. Check your policy for a dental deductible and whether your insurance pays at a percentage or by their allowed fee schedule. We will ask you for a copy of your insurance card and benefit booklet (if available) at your first visit or at the time of dental coverage changes. **It is your responsibility to provide us with any future changes in your insurance.** If any dental services have been provided with any other provider within the existing benefit year, please advise us as well. Providing us with your Social Security number is required for accounting purposes, if you choose to not provide the SSN then full payment is required at the time of service.

_____ (Initials) I agree to the above terms

I understand and agree to the aforementioned, and I acknowledge that I am responsible for any/all remaining balance on my account not covered by insurance. _____ (Initials)

Patient or Guardian Signature _____ Date _____