



CHAVIS DENTAL

General & Cosmetic Dentistry
Your Best Smile

FINANCIAL POLICY

Payments, insurance and related matters

FINANCIAL

1145 19th St NW, Washington, DC 20036
Phone: (202) 833-3377

Thank you for choosing Chavis Dental for your dental care. We are committed to providing you with the highest quality of care and level of service. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment. All patients must complete our Information and Insurance form before seeing the doctor.

FULL PAYMENT IS DUE AT TIME OF SERVICE. We accept cash, checks, credit cards and bank cards. Any patient who carries a balance on their account is required to be pre-approved on one of our extended payment plans or provide a credit card with authorization to bill that account for the balance. Any balance over 30 days may automatically be transferred to your credit card or one of the extended payment plans.

Regarding Insurance

Patients with dental insurance understand that all dental services are charged directly to the patient and that he or she is personally responsible for payment of all dental services. Our office will help prepare the patient's insurance forms and assist in making collections from insurance companies and will credit any collections to the patient's account. However, this dental office cannot render services on the assumption that our charges will be paid by an insurance company. Please be aware that some of the services provided may be non-covered services on your dental plan.

Regarding Insurance Plans where we are a participating provider. All estimated patient's co-pay and deductibles are due at the time of treatment. Our office does not recognize any insurance company policy that bundles procedure codes. Each dental procedure has a specific ADA code associated with it, and these procedure codes can not be combined. In the event that your insurance coverage changes, it is the patient's responsibility to notify our office and provide new insurance information to avoid sending forms to the wrong insurance.

Adult Patients. Adult patients are responsible for full payment at time of service.

Minor Patients. The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges and treatment have been pre-authorized.

Missed appointments. Unless canceled, at least 2-business days in advance, our policy is to charge for missed appointments at the rate of \$95.00 per hour. Please help us serve you better by keeping scheduled appointments.

Administrative Fee. We reserve the right to charge an administrative fee of \$10.00 as provided by District of Columbia state law for each additional statement issued after non-payment during the previous billing cycle.

Collection Agreement I understand that if I am delinquent on my obligation to pay Chavis Dental, then I will be responsible for any late fees, interest charges, court costs, attorney fees, and collection charges should the balance not be paid within 30 days.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy:

I grant permission to you or your assignee, to telephone me to discuss this statement or my treatment.

X _____ Date _____

Signature of Patient or Responsible Party

X _____ Date _____

Signature of Co-Responsible Party