

Drs. John K. Robertson and Jay M. Bass

Family and Sports Dentistry
200 East Washington Street
Blacksburg, VA 24060 540-552-2551

APPOINTMENT & FINANCIAL POLICIES

We strive to provide our patients with the best dental care at reasonable rates. In an effort to do so, we will continuously manage our all available resources by instituting these Appointment and Financial Polices with our patients.

Please review our **Appointment and Financial Policies carefully** and fill out the appropriate information. A copy of this information is available online at www.NRVfamilydentistry.com; or upon request from the Front Office Coordinator.

APPOINTMENT POLICY

DEFINITION OF "No-SHOW": A "No-show" is a patient who: _____

- o **Does not show up** for their scheduled appointment.
- o **Cancels or reschedules** their appointment with **less than 24 hours notice**.

A. OUR RESPONSIBILITY TO OUR PATIENTS:

- o For your convenience, we will call with an appointment reminder the day before **your scheduled appointment**.
- o We reserve the right to charge a missed appointment fee of \$50.

- o The best way to contact you to is (check one): Home Work Mobile

B. OUR PATIENT'S RESPONSIBILITY:

- o We require a **minimum of 24 hours notice** to reschedule an appointment.
- o We allow for **one (1) No-Show** within a **12 month period**.
- o Upon the second No-Show within a 12 month period, **we will discontinue seeing the patient**. We will forward their records to the dental provider of their choice, upon request.

I certify by my signature that I have read the above Appointment Policy and will comply.

Signature

____/____/____
Date

FINANCIAL POLICY

GENERAL

- o Our patients should provide current insurance information at each office visit, or upon request
- o We are a fee-for-service facility. As such, payment is expected when services are rendered.
- o If you are unable to pay your balance in full please arrange with our office manager to make partial payments.
- o We reserve the right to turn over any unpaid balances **older than 90 days to a collection agency** for payment and/or legal action. In addition, you the patient are responsible for all collection fees including court costs on overdue accounts. Typically these fees are 50% of the total amount due.

PAYMENT
OPTIONS

- o For your convenience we accept **Visa and MasterCard**. We also accept payment from **Employee Flex Accounts**.
- o We have teamed up with Care Credit payment plans to offer an affordable way to achieve your optimal treatment goals. For more information, ask to speak with our Financial Coordinator; visit www.nrvfamilydentistry.com
- o There will be a **\$25.00 return fee charge for all returned checks**. After that, we will no longer be able to accept checks as an acceptable form of payment.

INSURANCE

- o For your convenience **we accept various forms of dental insurance** and we will, at no extra charge, file your claim on your behalf.
- o All treatment payment plans involving your insurance company is **only an estimate and not a guarantee of coverage**.
- o Any charges not covered under an insurance plan will be patient's responsibility. We will assist where possible; however **we will not pursue collection from your insurance company, or any third party, on your behalf**.
- o We **do accept secondary insurance coverage**.
- o **Emergency patients** without dental insurance who are not of record **shall pay for services when they are rendered**.

**** Insurance companies may only allow for the cost of an amalgam (silver) restoration on posterior (back) teeth. If you

I certify by my signature that I have read the above Financial Agreement and will comply.

Signature

____/____/____
Date