

Heathcote Dental

7450 Heritage Village Plaza Suite 102 • Gainesville VA 20155 • 571.248.6585

Notice of Financial Obligation

Our first priority is to provide the best dental care possible to you. Your understanding and cooperation are essential to the professional relationship we are building and our payment policy is a vital part of this relationship.

FOR PATIENTS WITH MOST PARTICIPATING INSURANCE:

As a contracted provider for these plans, we will be happy to submit your claims to your insurance company and receive the corresponding payments provided we have verified eligibility. You will be responsible for making any estimated co-payments in full at the time of service. Any remaining balance after insurance payment has been received will be due upon receipt of statement mailed to the address we have on file. We will only process primary and secondary insurances if applicable.

PATIENTS WITHOUT INSURANCE OR NON-PARTICIPATING INSURANCE:

Full payment is due at the time of service unless other arrangements have been made in advance. "Other arrangements" are per occasion and are not to be considered permanent arrangements. Financial alternatives for extensive treatment can be discussed with our office staff and approved by the dentist.

OTHER IMPORTANT ITEMS:

- When appropriate, we will be happy to submit a pre-treatment estimate to your insurance at your request and after you have provided appropriate insurance information.
- Interest, at a rate of 1.5% per month, will be applied to all balances exceeding 90 days.
- Accounts exceeding 60 days since last payment will be reviewed for collection by a third party. If you received a statement you do not understand, please call us immediately.
- If an account requires collection by a third party, the patient/guarantor will be responsible for all collections fees, attorney's fees, court fees, and any/all other costs incurred to collect your debt.
- A minimum \$25 fee will be charged to your account for broken appointments and appointments cancelled without 24 business hours (one business day) notice. We appreciate your respect for other patients and your respect for our time. We will extend the same courtesy.
- Prosthetic cases (crown, bridge, veneers, etc.) and cosmetic bleaching will not be delivered until final payment has been received or specific financial arrangements are on file, including a valid credit card number.
- There will be a \$25 fee charged to your account for all returned checks. Checks which are not rectified immediately will be surrendered to a third-party collector for legal action.

If you have any questions concerning the above information, please do not hesitate to ask.

Patient Signature (parent if a minor)

Date

Relationship to patient, if not self