

# Fairfax Advanced Dentistry

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## Financial Policy

Please initialize each paragraph

**PLEASE NOTE: Make sure that all three pages of this document are completed by clicking the arrows at the top or bottom of the form and that you click "SUBMIT" at the end of the process**

Patient Name: \_\_\_\_\_  
Last First MI Preferred Name

All treatment plans will be discussed in the office and will not be discussed over the phone or by email.

**INSURANCE:** As a courtesy to all patients we will verify your dental insurance benefits, but you are responsible to know your Plan coverage, exclusions and limitations. Furthermore, you should be aware of non-covered benefits such as a missing tooth, crown/bridge/denture restorations, bruxism, downgraded limitations for fillings and porcelain on crowns on molar teeth, frequency limits for exams, prophylaxis, fluoride and x-rays etc.

We submit your claim to your dental insurance program for you. Insurance coverage varies with each plan. Benefits and payments are determined by your insurance company. We are only able to provide you an estimate of your insurance coverage. This is not a guarantee of payment. All estimates are subject to final approval by your dental insurance plan; therefore the amount due is subject to change after final explanations of benefits have been paid.

If your insurance company does not make a full payment of your Treatment Plan within 30 days after the treatment is completed, the patient (YOU) are responsible for making up the difference. The estimated amount not covered by your insurance is due at the time of treatment and may be paid by cash, personal check, Visa, MasterCard, or Discover, to help you accept an extensive treatment plan, we are offering a Carecredit dental treatment Financing Program.

**Initialize to confirm that you understand the above information** \_\_\_\_\_

**INITIAL PAYMENT FOR DENTAL TREATMENT:** Most plans are covered for routine clinical exam and cleaning, no deductible is due for diagnostic or preventative treatment unless otherwise stated. There are some Plans with coinsurance payment for x-rays and dental exam. Deductible for basic/major services customarily include fillings, crowns, extractions, Root canal therapy, periodontal treatment.

- Deductible are usually \$50-\$100 per individual up to \$200 per family annually
- 20% co-payment for all basic services
- \$450 for any build-up & crown procedure. Most Plans do not allow separate benefits for crown build-up. In such a case the patient is responsible for the full cost of a build-up
- Lab fee is an additional cost for discounted Plans such as Ameriplan (\$180.00/crown), Careington (\$150.00/crown), Mamsi Federal Gov (\$112.00/crown), some other Plans. It can also be offered to you as an optional for restorations requiring specific materials or advanced techniques (veneers, all-porcelain crowns, porcelain margins, etc.). You will be advised on any additional Lab cost prior to the start of the treatment.
- Implant Surgery Pre-payment of \$350.00 at the time of scheduling appointment for implant placement, full payment of balance at the time of implant placement
- SCRIP (deep cleaning treatment) - \$50.00 pre-payment at the time of scheduling appointment with hygienist.

**Initialize to confirm that you understand the above information** \_\_\_\_\_

**RESIN-BASED COMPOSITE RESTORATIONS (Fillings):** Most dental insurance plans do not allow full benefits for composites (white fillings) performed on posterior teeth (back molars). The plan benefits customarily pay for less expensive treatment- AMALGAM (silver/mercury based restoration). For the best of our patients, we recommend and we place only composite-based (white) fillings. The difference is usually \$50-\$70 per filling and the patient is responsible for the difference in cost. Please ask our front desk or doctors if you need more information about composite-based white fillings.

**Initialize to confirm that you understand the above information** \_\_\_\_\_

**PULP-CAP TREATMENT (medicament to protect pulp chamber):** Most dental plans do not allow additional benefits for pulp-cap treatment (this procedure in which the fillings is very deep and the nearly exposed pulp is covered with a protective medication to help with healing and repair via formation for secondary dentin). The cost of this treatment is \$20-\$53 per tooth (depends on your insurance coverage) and the patient responsible for payment at the time of treatment. If your insurance does not allow separate benefits, you will be charged a contracted fee (between us as a provider and The Insurance)

**Initialize to confirm that you understand the above information** \_\_\_\_\_

**PRECIOUS METAL FEES\*:** when crowns, bridges, dentures cast with precious metal Au, Pd, Si, Zn - additional fees are charged based on weight and cost of metal used. Fees vary based on market cost of metal and size of restoration. Please ask our front desk or doctors if you need more information about use of precious vs no precious metal and new Zirconium restorations

**Initialize to confirm that you understand the above information** \_\_\_\_\_

**FINANCIAL CHARGES:** All returned checks are subject to \$25 fee. All balances over 60 days are subject to interest in amount of 1.5 % per month mandated by State law. We reserve the right to apply \$20 rebilling fee and \$25.00 late charges toward overdue financial agreements. We have the option to report your balance with us to any credit reporting agency and credit bureau.

**Initialize to confirm that you understand the above information** \_\_\_\_\_

PAST DUE ACCOUNTS: In the event that your account is turned over to a Collection Agency or attorney, you agree to pay all fees including and not limited to attorney fees, court costs, and collection agency fees. Collection agency fees could be up to 50% of your outstanding balance.

**Initialize to confirm that you understand the above information** \_\_\_\_\_

MISSED APPOINTMENT FEE: Please note that there is a missed appointment fee of \$75.00 (per 60 minutes) for all appointments not given at least 48 business hours notice. Please give us a call in advance if you need to reschedule or cancel your appointment

For any patient who misses or cancels their their third scheduled appointment and cancels within less than a 48 hours notice in any 12 month period will be assessed a \$75.00 charge and may not be considered for future dental care at this office.

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TRANSFERRING RECORDS: You will need to request in writing if you would like us to mail, fax, e-mail, etc. any part of your records with Tysons Dental Associates. We need at least 8 working hours in advance to prepare your record to be transferred. We need at least 3 business days, if your record is more than two years old and is stored in a companys archive. Coping and printing fees are \$25.00 per record. The Fee is waived if we are referring you to the specialist.

**Initialize to confirm that you understand the above information** \_\_\_\_\_

This is an Agreement between Tysons (also Tysons) Dental Associates, as a provider of professional services and creditor, and the Patient/debtor named on this form. By reading and signing this Agreement, you are agreeing and accepting this Policy in full.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION; ALL MY QUESTIONS WERE ANSWERED TO MY SATISFACTION; I UNDERSTAND AND AGREE TO ALL POLICIES OF TYSONS DENTAL ASSOCIATES

Signature \_\_\_\_\_ Date \_\_\_\_\_

Response Date: \_\_\_\_/\_\_\_\_/\_\_\_\_