Caring Family Dentistry

2001 West Broadway
Hopewell, Virginia 23860
(804) 541-8333

PLEASE READ THE FOLLOWING POLICIES AND SIGN AT THE BOTTOM TO INDICATE THAT YOU HAVE READ AND UNDERSTAND OUR OFFICE FINANCIAL POLICIES TO THE BEST OF YOUR ABILITY.

Dental Insurance

1. In order for us to maintain a high level of service to you, we provide the courtesy of submitting your insurance claim on your behalf and supporting you with maximizing your benefits. Policy coverage, changes, and follow-up on unpaid claims is your responsibility.
2. Please be prepared to show your insurance card at the time of your visit.
3. If your insurance company has not made a payment within 60 days of billing, the balance will become your responsibility. (Insurance coverage is a contractual agreement between the insurance company and you or your employer. We have no control over this relationship.)

Payment Options

1. Our office accepts cash, check, Mastercard, Visa, and American Express. If you need to make long term payments we can offer financing with Carecredit. One of our team members is happy to help you'll out an application. You must qualify to use this financing option.
2. We reserve the right to charge a $35.00 fee on all returned checks.

Delinquent Accounts

After 90 days, all accounts, all accounts that are not paid in full may be sent to a third party collection agency. Any accounts turned over to collections will be assessed a collection fee of 33%.

Cancellation Policy

Due to the fact that we are reserving time on our schedule for your appointment, we ask that you provide 2 business days notice for any appointments that you may need to change. All changes in your scheduled appointment must be handled during our normal business hours. This courtesy on your part will make it possible to give your appointment to another patient who needs to see the dentist or hygienist.

Separated or Divorced Parents

Our policy is that the parent who brings the child to the appointment is responsible for payment of these charges.

Significant Exposure

Section 32.1-45, 1(A) and (B), Code of VA (1950, as amended) provides that in the event of significant exposure (e.g. needle stick), consent for testing for Human Immunodeficiency Virus (HIV), Hepatitis B Virus and Hepatitis Virus is considered to have been given by the patient and/or healthcare worker granting the hospital the right to perform such tests. Test results are confidential and can only be released in accordance with applicable laws and the policy of the local hospital.

Authorization and Release

I certify that I have read and understand the above information to the best of my knowledge. I authorize Caring Family Dentistry to release any information including the diagnosis and records of any treatment or examination rendered to my or my child during the period of such dental care to third party payers and/or health practitioners. I authorize and request my insurance company to pay directly to the dental practice insurance benefits otherwise payable directly to me. I understand that my insurance carrier may pay less than the usual bill for the services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

X_____ _____

Signature Date

Acknowledgement of Privacy Practices

I,_____, have reviewed the privacy policies of

Caring Family Dentistry.

_____ _____

Signature Date

For office use only:

We attempted to obtain written acknowledgement of receipt of our Privacy Practices but acknowledgement could not be obtained because:

____*Individual Refused to Sign*

____*Communication Barriers Prohibited obtaining acknowledgement*

____*An emergency situation prevented us from obtaining acknowledgement*

*Other (Please Specify) :*_____