Crossridge Family & Cosmetic Dentistry
10170 Staples Mill Rd. Suite A
Glen Allen, VA. 23060

OUR POLICY OF CARE AND PAYMENT

ENSURING THAT OUR PATIENTS RECEIVE HIGH QUALITY CARE IS THE GOAL OF OUR PRACTICE.

1. Fees charged for services rendered by this practice are set in consideration of the practice's requirement to provide the very best care available to our patients.

2. Payment for service rendered is expected in full at the time of service with, Cash, Visa, MasterCard, or American Express.

3. You must pay your obligation for each visit, at each visit.

4. In the event payment for services is not made and the account is turned over to a law firm for collection, the patient agrees to pay ***Attorneys fees of 33.33% of the balance due.***

5. If for any reason you should require a monthly payment plan we use a company called *Care Credit* that provides you this option. This process requires application and approval. This is a fast and easy way to make treatment affordable to your budget. Our Financial Manager can assist you with *Care Credit* prior to your visit.

6. If you have dental insurance, please take time to understand your dental benefits and what your insurance company will pay. We encourage you to call your insurance company regarding your benefits. After receiving the explanation of benefits, any difference that your insurance company fails to pay towards the services rendered is your responsibility. This payment must be due immediately.

7. You are responsible of updating and providing accurate insurance information prior to your dental treatment.

8. If we file your insurance claim, we require that you pay your estimated portion when services are rendered. Please understand that this is only an estimate, and it is based upon information we obtain from your insurance company.

9. In case insurance benefits could not be confirmed (e.g. Saturday appointments, etc.), patients must pay in full for their dental services. Patient will be reimbursed once payment is received from their insurance provider.

10. If the patient is a minor or dependant, he/she must be accompanied by a legal guardian. The legal guardian must be present at the office premises at all times during

the patient's appointment. If for any reason the legal guardian chooses to leave the premises, then permission is granted to the treating dentist to use his/her reasonable judgement in handling emergency situations or altering the course of treatment.

11. A non-refundable deposit of $100.00 will be required for all appointments requiring more than one hour due to high patient demand and limited appointment times available. The deposit will be applied to your co-pay at the time of service. In case of rescheduling or cancellations, patient must call three days prior to their appointment in order to avoid forfeiting the deposit.

12. Please note that each appointment you schedule is reserved for your care. In case of **NO SHOW**, a **$50.00** fee will be applied to your account. Please call 24 hours prior to your appointment to reschedule.

Patient Signature Date
Responsible Party Date