

# Financial and Insurance Policy

## Fees

Fees can vary widely from office to office. Many factors can affect fees including the doctor's knowledge, experience, and skills. The quality of the results and service are oftentimes proportional to fees. We believe our fees reflect our ability to deliver on all of those factors. As you browse through our site and experience our office in person, you will find that we are different. We are small and personalized. We hope you will find the difference a refreshing and rewarding experience.

We accept MasterCard and VISA.

## Payment Plans/Financing



To help you obtain the care you deserve and make it affordable, we offer financing to extend payments over a period of time. We have a number of options available. Why wait? Get that dazzling smile you always wanted today! Click on the CareCredit logo above, and you can apply online!

## Insurance

We make every effort to keep dental care affordable while maintaining the high level of quality to which we have dedicated ourselves. It should be noted that dental insurance is designed to defray SOME of the costs of dental care by paying only a portion or percentage of the bill. We coordinate traditional insurance with treatment, when possible, and help our patients maximize any insurance benefits they have. Our philosophy of treating you using only our professional judgment not necessarily what dental insurance covers

Our commitment is to serve you rather than insurance companies. Ultimately, your insurance company is responsible to you. Unfortunately, we cannot make any guarantees or promises on behalf of your insurance company.

If you have any questions, feel free to ask at any time.

Do You Have A Dental Insurance Plan?  Yes  No Insurance Company Name

\_\_\_\_\_

Group Number: \_\_\_\_\_ Plan Name: \_\_\_\_\_ ID#

\_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to Patient: \_\_\_\_\_

I authorize treatment for myself/my child and I agree to pay for such treatment. I certify that all the information I have provided is current and correct. I authorize Blue Ridge Family Dentistry to apply for dental benefits on my behalf and to release any information necessary to obtain such benefits. I authorize any dental benefits due me to be paid directly to Blue Ridge Family Dentistry. I understand that my dental policy is a contract between the insured and the insurance company and Dr. Solis is not a party to that contract, therefore I am responsible for any fees not covered by my insurance company. I understand that payment is due at time of service. \*\*\*PLEASE NOTE\*\*\* We only file COBRA plans for United Concordia and Delta. If COBRA payment is denied, payment in full is due immediately.

I agree to pay the finance charge of 1.5% (18% apr or \$2.50 minimum) in addition to a late fee of \$5.00 per month on my account if it is over 30 days past due. I agree to pay all fees involved with collection of my account, should it become necessary to utilize any outside collection means (including collection agencies and attorney fees). I agree to pay a fee of \$35.00 for any check not honored by my bank. I agree to give a minimum of 48 hours notice for any appointment I must reschedule and I understand that Dr. Solis reserves the right to charge a fee of \$100/hr. for missed appointments. Fees must be paid before appointments are rescheduled.

Children under 10 years of age are not permitted in the operatory unless they are being treated. All children must be accompanied by an adult in the reception area, as we cannot assume responsibility for their care. Children under age 18 coming to the office without a parent must have a signed consent for treatment and bring payment.

This agreement shall remain in effect until revoked in writing.

Signature of Responsible Party \_\_\_\_\_ Date:  
\_\_\_\_\_