Blue Ridge Family Dental
Rachael Schuette D.D.S.

Financial Policy

In order to enhance communication and promote understanding regarding our office's financial policy, please read through the following information. After reading, please provide your signature at the bottom indicating that you fully understand these policies. This form must be signed in order to proceed with your scheduled appointment. If you have any questions or concerns, please speak to our patient care coordinator.

PATIENT PAYMENT:

We gladly accept: Cash, Check, Visa, MasterCard and Care Credit. If you do not have dental insurance, we require full payment at the time services are rendered. For larger cases, 50% of the patient portion is due at the start of treatment, including any deductible and the remaining 50% at the last appointment.

Returned checks will have an additional fee of $25.00 added to the amount of the returned check. Please contact our patient care coordinator for more information on any of the above payment options or for assistance in applying for Care Credit.

INSURANCE:

Dental insurance isn't really insurance (a payment to cover the cost of a loss) at all. It is actually a money benefit, typically provided by an employer, to help their employees pay for routine dental services. The employer usually buys a plan based on the amount of the benefit and how much the premium costs per month. Most benefit plans are only designed to cover a portion of the total cost of a person's necessary dental treatment. For example, we may recommend a crown for a tooth that has extensive decay, however, the dental plan may only cover the cost of a filling. This does not mean that the patient does not need a crown, only that the benefit is limited to a filling.

Dr. Schuette will diagnose and recommend treatment based on your dental health needs, not on insurance coverage.

Please understand that each patient is ultimately responsible for the cost of services rendered. Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract. Our financial relationship is with you, not your insurance company.

1. All charges are your responsibility whether your insurance company pays or not. Not all services are covered benefits in all contracts.
2. If the insurance company does not pay your balance in full within 30 days, we will ask that you contact the carrier to assist in payment.
3. If the insurance company does not pay in full within 60 days, we will require you to pay the balance due with cash, personal check, Visa or MasterCard.
4. We will do our best to estimate insurance coverage and patient portions due (we will send pre-estimates for services over $500 at your request). This is only an estimate of what is reported to us by your dental carrier. This is not a guarantee of payment of the service. If the insurance company does not pay the full amount anticipated, you are responsible for the difference. Payment is expected within 10 days after the statement date.

Initials: _____

NO SHOW/MISSED APPOINTMENT POLICY:

Blue Ridge Family Dental works hard to maintain quality dental care for our patients. We do our best to respect our patient's time and ask the same in return. Appointment times are reserved specifically for you. Please arrive on time so we can provide Missed appointments are an inconvenience to other patients who seek our services.

We request notice of 48 hours for cancellation of appointments. If appropriate notice is not given, a charge of $50 may be assessed to your account. We understand that sometimes last minute cancellations are unavoidable. Individual circumstances may be discussed with our patient care coordinator.

REFUNDS FOR UNFINISHED TREATMENT:

Please understand that if you decide to discontinue treatment after it has been started, a full refund will not be given. Individual circumstances may be discussed with our patient care coordinator.

CREDITS ON AN ACCOUNT:

If an insurance company pays more than anticipated creating a credit for the patient, we are happy to either refund the patient or leave a credit on the account to be applied towards future treatment.

DEPOSITS FOR SCHEDULED SERVICES:

Depending on the time required for dental care, we may require a deposit to secure your reservation. This deposit will be applied to your out of pocket cost on the day of treatment.

ACKNOWLEDGEMENT:

I have read, understand and agree to Blue Ridge Family Dental's Financial and Missed Appointment Policies.

Patient Name: _____ Date: _____

Patient/Guardian Signature: _____