



Richmond Dental Clinic Financial Policy

Thank you for choosing Richmond Dental Clinic as your dental care provider. The following is a statement of our Financial Policy that we ask you to read and sign before your appointment with us.

Insurance

As a courtesy to you, our office will accept assignments from your insurance company as long as you have a valid credit card on file. If your insurance breaks down the difference while you are in the office, you may pay the difference by Visa, MasterCard or Debit.

If your insurance does not break down the difference, we will use the credit card on file to collect the balance once we have received the insurance payment. You will only be notified by phone if the balance is in excess of \$250.00. If the credit card on file is declined 3 times for the portion owed to our clinic, your account will be reverted to non-Assignment and you will be required to pay for your visits up front.

Any claim not paid within 30 days will be automatically put through your credit card and a receipt for this transaction will be emailed or mailed to you. It is your responsibility to be aware of your dental coverage, please be aware that some, and perhaps all of the services might not be covered. The administration team at Richmond Dental is happy to help you understand your Insurance Benefits as long as you provide up to date plan details.

Cardholder Information

Credit Card Number _____ Expiration Date _____
Cardholder Signature _____

Missed Appointments

We require at least 2 business days’ notice to cancel or change an appointment. A \$50 per hour fee will be applied to Short Cancelled or No-Show appointments. Please help us serve you better by keeping scheduled appointments, as this time is reserved for you.

Pre-Determination Policies

Many insurance policies require authorization for specific procedures in advance. In most cases we can begin treatment before receiving an authorization, however; please understand that in the event your insurance policy refuses payment for any reason, you are responsible for all fees. We will always provide you with the full fees in advance, so you know the cost of treatment.

Financing Options

Financing options are available for any service over \$300. Please ask a member of our Administration Team for details.

I have read Richmond Dental Clinic’s Financial Policy; I understand and agree to the policy.

Signature of Patient or Responsible Party _____
Date _____ Printed Name _____