

YORKTOWN DENTAL

A Division of Atlantic Dental Care, PLC
Rodney McDaniel, DDS & Irina Novak, DMD
4326 Geo Wash Mem Hwy/Route 17
Yorktown, VA 23692

In order to reduce confusion and misunderstanding between our patients and the practice, we have adapted the following financial policy. If you have any questions about these matters, please speak with our front desk staff. We are dedicated to providing you the best possible care and service to you and believe that your understanding of your financial responsibilities is an important element of your relationship with our practice.

Your insurance policy is a contract between you and your carrier. The doctor is not involved. All dental plans do not cover the same services at the same payment schedule. Due to the large number of dental plans that we deal with, we cannot assure that any specific amount of any charge will be covered. Your involvement in knowing what your insurance covers is important and we encourage you to become familiar with your particular plan. This information is best obtained from your insurance company. Deductible, copayment and "non-covered" amounts are the responsibility of the patient and are due at the time of service. For your convenience, we accept Visa, MasterCard, Discover, American Express, Care Credit and Citi Health.

Unfortunately, if we are unable to collect copays, deductibles, or other amounts that are the patient responsibility, we will use an outside collection agency to collect all amounts due, plus the cost of collections. This can increase your bill by 50%, so please communicate any delays in payment as soon as possible.

"Usual, customary and reasonable" are terms used rather broadly in the insurance industry. We are bound by contractual agreements to accept negotiated payments with some carriers, but this does not apply to all insurance plans. In some cases, there may be a difference between our charge and the insurance company's UCR, in which case you will be responsible for the balance.**Important Information Concerning Composite Resin Restorations - Your insurance company may not cover all fees associated with a composite resin restoration on a posterior tooth. If this is the case, the benefits that they pay may be less than what you anticipate. Even if we are a participating provider, the insurance company will most likely "downgrade" your restoration, thus treating your procedure as an amalgam and pay its usual and customary fee. If this happens, you will be responsible for the difference.

If you have no insurance, all charges are due in full at time of service unless prior arrangements have been made. A standard return check fee of **\$35.00** will be added to payments uncollected due to insufficient funds, along with any fees charged by the bank. **The maximum total charge will not exceed \$50.00.**

A **\$50.00 per ½ hour charge** will be added to your account if you fail to cancel your appointment at least **24 business hours in advance** or if you fail to show for your scheduled appointment. This amount will be your responsibility and is not billable to your insurance.

Print Name _____

Signed _____

Date _____

PARENT/GUARDIAN OF ALL CHILDREN UNDER 18 YEARS OF AGE MUST REMAIN IN THE OFFICE DURING ALL DENTAL PROCEDURES.

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of this office's Notice of Privacy Practices.

(Please Print Name)

(Signature)

(Date)

FOR OFFICE USE ONLY

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

