

Dr. Adam M. Hogan, D.D.S., P.C.
Implant Dentistry of Virginia
2021 Pleasure House Road
Virginia Beach, VA 23455

Statement of Financial Policy

Thank you for choosing us as your dental provider. We value our relationship and are committed to providing you, the patient, with the highest quality of dental care.

Responsibility of payment: The patient/guarantor is solely responsible for services rendered. *ALL CO-PAYS, DEDUCTIBLES, AND FEES ARE DUE AT THE TIME OF SERVICE. *WE ACCEPT PAYMENT BY CASH, CHECKS, MAJOR CREDIT CARDS AND CARE CREDIT (HEALTHCARE FINANCE)

Dental Insurance: The agreement of the insurance company to pay for dental care is a contract between the patient and the insurance company. (We do not file medical insurance.) Verification of your insurance coverage is not a guarantee of benefits. Your insurance carrier will determine benefits at the time a claim is received. As a courtesy to you, we will help you file your insurance claim. It is the patient/guarantor's responsibility to pay for all non-covered services, deductibles, co-payment or any other balance not paid by the insurance company.

Returned Checks: A \$40.00 fee will be assessed to your account for all returned checks, and you may be required to pay cash or credit card for all future payments.

Collection fees: The patient/guarantor assigns all benefits to Implant Dentistry of Virginia and understands that in the unlikely event of collection action, the guarantor is responsible for interest, collection, and an additional 33 1/3% for collection or attorney's fee. These fees will be charged to the patient's account in addition to the existing balance.

Estimates for Service: We will do our best to provide patients with an accurate cost pertaining to your treatment. However, a treatment plan and its associated cost are only an estimate at the present time of evaluation. Treatment plans may be amended. Additional costs incurred after the estimate and during treatment are the full responsibility of the patient/guarantor.

Cancellation Policy: The patient is responsible for keeping appointments to ensure success of treatment. The patient must notify our office 2 days in advance of his or her scheduled appointment if they intend to cancel or reschedule. Failure to give 48 hour advance notice by telephone or in person may result in a broken appointment fee of \$50.00 per half-hour scheduled. Proper notice includes a verbal communication with the office staff. Notification by fax, email or text message is not proper notice. Please help us to serve you better by honoring your reserved appointments.

Domain: As a patient/guarantor of this office located in Virginia, this agreement is interpreted and enforced in Virginia and under the laws of Virginia.

I, the patient/guarantor, have read, understand and agree to this Financial Policy.

(Printed Name and Signature of Patient/Guarantor)

Date

