

New Town Dental ArtsSM

SEBASTIANA SPRINGMANN, DDS

FINANCIAL AGREEMENT

4939 Courthouse Street*Williamsburg, Virginia 23188*www.newtowndentalarts.net
757/259-0741 •Fax 757/259-0718

1. If you do not have dental insurance, **payment in full is expected at the time of your visit.** We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash or check prior to completion of care.
2. If insurance is available:
 - Please provide us with your insurance card and a copy of your benefits booklet - no claim will be processed without proper certification of dental insurance. Payment will be expected at time of service.
 - All deductibles and co-payments must be paid at your initial visit. Refer to your benefits booklet for details.
 - Please be aware that insurance companies have contracts between you and your employer . Payment is based on your specific plan. If questions arise regarding your coverage, contact your insurance company or your human resources officer at your employment.
 - We will collect from you any balances not covered by your insurance at the time services are rendered. We will bill only primary insurance. If you have secondary coverage, we will assist in helping you file (we will provide you with the form to file), but will not accept assignment as payment on your account.
 - It typically takes between 20-45 days for us to receive payment from your insurance company. We then apply that payment and bill any remaining balance to you, which is due upon receipt of statement.
 - We will submit a claim on your behalf two times. If your insurance company has not paid your claim within 60 days of your visit, you will need to make payment in full for that visit. We will provide you with a claim form to seek reimbursement directly from your insurance co.
 - Some insurance carriers arbitrarily select certain services they will not cover. It is up to you, the patient, to know what these services are.
 - Account balances are due upon receipt of your statement. A monthly finance charge of 1.5% will be assessed to any balance 25 days past due. We may require pre-payment for future appointments should account not be kept current.
 - Collection costs and attorney's fees will be charged to your account should it become delinquent.
 - We will assist in filing a "predetermination estimate" at your request. Predetermination is not a guarantee of insurance benefits.
3. We accept cash, check, credit cards (Visa, MasterCard, Debit and CareCredit). Ask us for more information about CareCredit.
4. A \$35 processing fee will be assessed for returned checks.
5. Please be considerate to our staff and practice. If you are unable to make your appointment, please reschedule so that someone else may have your appointment. If you decide to "NO SHOW" TWO times, we will ask that you find another dentist who can better serve you.
6. **We require 48 hours notice (2 business days) to reschedule your appointments. A broken appointment fee (\$50 per 1/2 hour) may be assessed if we do not hear from you within this time frame to reschedule your appointment.**
7. Please note: We accept payment in thirds for treatments over \$600. A \$200 non-refundable deposit is required to secure your initial treatment appointment.
8. This applies to all family members and by signing this I acknowledge that I am signing on behalf of all family members.

I have read and agree to the above (a copy will be provided to you upon request).

Sign, then print full name _____ Date _____

_____ Date _____