



# Aquia Dental Care

## FINANCIAL POLICY AND CONSENT FOR TREATMENT

Full payment is due at time of service, with the exception of Saturday's and Federal holidays where payment must be made 48 hours (business days) before the time of service, and or unless other arrangements have been made in advance. We accept Visa, MasterCard, Discover, American Express, Care Credit and Citi Health Cards.

Providers at Aquia Dental Care participate with Delta Dental, Anthem Blue Cross Blue Shield, United Concordia, MetLife, Aetna, Dominion Dental, Doral (Medicaid), Guardian, Geha, Care First BCBS, Humana, United Healthcare & Cigna PPO. It is your responsibility to alert us of changes in insurance companies or benefits prior to any appointments.

**Any balances carried over after insurance payments are your responsibility.**

**\*\*We maintain a 48 hour (business days) cancellation policy for all appointments Monday through Friday. Appointments on Saturdays have a 72 hour (business days) cancellation policy. For routine visits we charge \$50.00 per appointment cancelled or rescheduled without adequate notice, and for all other services we will charge \$100.00 per appointment cancelled or rescheduled without adequate notice \_\_\_\_\_ (INITIALS).**

Our practice is committed to providing the best treatment possible for our patients and we charge what is usual and customary for our area. All of our treatment plans are courtesy estimates to the best of our ability. In the event your insurance carrier does not pay as estimated, the balance forward is your responsibility.

Finance charges will be applied to all accounts over 90 days at a monthly rate of 5%. After the account has been 90 days delinquent, the account will be sent to collections. There will be a collection charge of \$35 posted to the account as of the day it is sent to collections. I understand should this account go to the collections agency, I will be responsible for all reasonable attorney and collection fees.

I authorize Aquia Dental Care providers and staff to take x-rays, study models, photographs, and other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis of my dental needs.

I authorize Aquia Dental Care providers to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required in to provide proper care.

I agree to the use of anesthetics, sedatives, Nitrous, and other medication necessary. I fully understand that using anesthetic agents or sedatives embodies certain risks.

I have read and understand the Financial Policy and Consent for Treatment above and agree to the policy and I have received or have been offered a copy of this office's notice of Privacy Practices.

\_\_\_\_\_  
Patient/Legal Guardian Printed Name

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Date