

Dr. Allen D. Schultz, DDS
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GENERAL OFFICE POLICY

APPOINTMENTS

We will make every effort to accommodate you when scheduling your appointment(s); however, we do ask for your cooperation in this matter. As a courtesy to you, we will call to confirm your appointment the day before your scheduled appointment time. We require that you give us a minimum of 24 hours notice if you will be unable to keep your appointment time. **PLEASE KEEP IN MIND THAT THIS APPOINTMENT HAS BEEN MADE EXCLUSIVELY FOR YOU AND NO ONE ELSE.** No early or late appointments will be scheduled for individuals who repeatedly change or cancel short notice. A failed appointment or short notice cancelation may result in a minimum \$50.00 charge to your account. A repeat occurrence may result in dismissal from the practice. We ask that you also be responsible for remembering your scheduled appointment time in the event that we are unable to reach you at the phone number(s) you have provided us. Also, please be sure to notify us if there is a change in your contact number(s). Occasionally, we must alter our schedule to accommodate emergencies. In an attempt to be sensitive to our patient's busy schedules, we will make every attempt to inform you of any delays or changes to the schedule.

FINANCIAL

Payment is expected at the time that services are rendered. This includes all deductibles and estimated co-pays. If balance is not paid within 90 days, interest at 18 % annually will be added to your account and all collection fees will be your responsibility. We accept cash, personal checks, Mastercard, VISA, and Discover. Care Credit is also available to assist you in spreading out your payments for needed treatment. All medical records, including x-rays, are the property of this office by law. (Legislative Bill AB-610, Chapter 15 (1982 Statues). Your payment is for the service only.

INSURANCE

Due to the growing number of insurance companies and underlying plans within them, it has become impossible for us to keep track of them, so we will no longer be able to do so. Please be advised that your insurance coverage is a matter between your employer and the insurance company. Your benefits are determined by the type of plan chosen by your employer. Please remember that professional services are rendered and charged to the patient not the insurance company. Services rendered at our office are ultimately your responsibility, as we have no involvement with your insurance carrier. Although many dentists refuse to file claims for patients, we are willing to assist you. However, please be aware that we are not responsible for knowing your benefit coverage or for any deficiencies within your individual plan. We strongly suggest that you become familiar with the specific provisions of your policy. We will cooperate in filing your dental claims and ask that you handle any follow up once the claim has been filed. We can not accept responsibility for the collection of your insurance as we are not party to your insurance contract. If payment has not been received within 30 days, it will then be your responsibility to pursue payment. You may contact your Human Resource department or insurance company for all necessary information. In the event that your insurance company determines the charges exceed your contract limits, you are responsible for the balance.

As always, we will be happy to assist you with any questions you may have. Your cooperation is greatly appreciated. Thank you for choosing our office for your dental needs!

I understand and agree to all the above office policy provisions.

Patient's signature

Date