

# Dr. Timothy Leigh

P.O. Box 490 | GLOUCESTER VA, 23061 | (804) 693-2575

## Written Financial Policy

Thank you for choosing Dr. Timothy Leigh. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options. It is the policy of this practice to receive payment in full after completion of treatment.

### Payment Options:

You can choose from:

- Cash, Check, Visa, Mastercard or Discover Card.
- Convenient Monthly Payment Plans from CareCredit (Subject to credit approval).
  - o Allow you to pay over time.
  - o No annual fees or pre-payment penalties.
- We also offer in-house financing.

Please note:

As you know, it is this practice's policy to receive payment in full after completion of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

All balances over 60 days are subject to interest in the amount of 1.5% monthly service charge. We reserve the right to apply \$20.00 rebilling fee and \$25.00 late charges toward overdue financial agreements. We have the option to report your balance with us to any credit reporting agency. If legal proceeding becomes necessary to obtain payment, the patient will be responsible for any collection costs and/or attorney fees.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. However, if we do not receive payment from your insurance carrier within 120 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

It is the patient's responsibility to know and understand their specific insurance policy, regardless of any estimations made by this office or its employees. The patient is fully responsible for all account balances for services rendered regardless of insurance coverage.

A fee of \$45.00 is charged for patients who miss or cancel their appointment without 24-hour notice. There is a charge of \$35.00 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)