

**Wolfgang J. Bay, D.M.D.**

1625 Salem Road #101  
Virginia Beach, Virginia 23456  
495-6005

**FINANCIAL AND OFFICE POLICY AGREEMENT**

As in all professions, a dentist is able to approach perfection only when he/she is working in an atmosphere of complete confidence and trust. When the proper rapport is established between the doctor and patient, everyone concerned is happier

Due to recent updated American Dental Association clinical studies and recommendations, we will no longer be placing amalgam or silver restorations on a routine basis. We have each of our patient's best interest at heart. Most insurance companies do not pay for posterior composite or tooth colored restorations but pay at the alternative silver restoration fee. Patients will be responsible for the difference.

Due to the amount of time, preparation, and materials needed for most procedures, a 48-hour cancellation notice is expected and required; otherwise the office reserves the right to charge a fee of one half the total value of the appointment. **All appointment confirmation calls must be returned.** We are not responsible for using up cell phone minutes if your cell number was given to us as one of your contact numbers! Our 24-hour confirmation calls are a courtesy to you, our patients. **However, cancellations at such time will breach our 48-hour notification policy and therefore will be charged.**

To our patients with no dental insurance, we request that payment be made in full at time services are rendered.

In the case of responsible parties and divorce settlements, the person who accompanies the child is responsible for any and all charges incurred.

To our patients with dental insurance, your co-payment and deductible, if any, is due at the time of service. We will file your insurance as a courtesy to you. We will make every effort to ensure that it is done promptly and properly. However, any insurance balance that is outstanding after 60 days, becomes the patient's responsibility and must be paid in full at that time. Any insurance payment received thereafter will be promptly refunded to the patient.

We can only estimate insurance benefits. We cannot guarantee payment of insurance for any procedure rendered. Any estimate given for cost of treatment is strictly an estimate. Treatment plans and corresponding fees are valid for 90 days. The treatment fee may be adjusted for any treatment changes. Any deviation from the estimated cost will be brought to your attention immediately.

You, the responsible party, understand that this office is rendering services to the patient and not to the insurance company. We will file your insurance claim at no charge, but your policy is a contract between you and the insurance company. If a dispute, of any nature, concerning a claim should arise, it is not the responsibility of this office to negotiate a settlement. If you have questions regarding your insurance coverage, please check with your agent, insurance company, or your employer. Any fees not paid by insurance will be your responsibility.

Payment may be made by CHECK, CASH, and VISA, MASTERCARD or DISCOVER.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL AND OFFICE POLICIES. ANY QUESTIONS THAT I MAY HAVE HAD HAVE BEEN ANSWERED TO MY COMPLETE SATISFACTION.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Printed Name of R. P.

\_\_\_\_\_  
Date