

Dominion Dentistry
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Welcome to Dominion Dentistry, the office of Dr. Richard Sweeney! Thank you for choosing our office. Please read the following information and sign to indicate your understanding of our office policies.

Office & Payment Policy

Patient's Bill of Rights

- Has the right to good quality care and high professional standards that are continually maintained and reviewed.
- Has the right to have his or her medical records treated as confidential and read only by people with a need to know. Information about a patient will only be released with permission from the patient or if required by law.
- Has the right to make informed decisions regarding his or her care and has the right to include family members in those decisions.
- Has the right to have any service, procedure, or fee explained upon request.
- Has the right to be treated with respect.

Patient's Responsibilities

- Providing correct and complete information about his or her health, present medical history, and insurance.
- Reporting if he or she does not understand the planned treatment or his or her part in the plan.
- Following the recommended treatment plan to which he or she has agreed by keeping his or her appointments.
- Paying for his or her care as charges are incurred.
- Treating others with respect.

Patients with Dental Insurance

THE BILL IS YOUR RESPONSIBILITY. We will be happy to file your primary insurance. We ask that you please provide the correct insurance information and a copy of your dental insurance identification card. We will estimate the percentage your insurance will cover and the portion you will be required to pay at the time services are rendered. We will accept payment from the insurance carrier. We do NOT file secondary insurance. In the event the insurance company does not pay in a timely manner you are responsible for the entire balance. Be aware that most insurance policies have a yearly deductible, which must be met on the first restorative visit.

Emergency Visits

If you are not a registered patient of record, payment in FULL is required at the time services are rendered. If you have dental insurance, payment is still required in FULL; however, we will file the total amount as a courtesy and request that you be reimbursed.

Patients with No Dental Insurance

Payment is expected on the day services are rendered.

Delinquent Accounts

We utilize the services of a collection agency when accounts become 90 days past due. Additional charges may be accrued by the agency, and you will be responsible for those collection fees. You will be DISMISSED from the practice for a delinquent account.

Finance Charge

All accounts past due greater than 90 days are subject to a finance charge of 1.5 percent per month.

Missed Appointments

Missed appointments or a cancelled appointment of less than 24 hours notice may be charged a fee ranging from \$35-\$105 depending on the length of the original appointment. After two missed appointments, you will not be rescheduled.

Non-sufficient Fund Check Fee

Any checks returned for non-sufficient funds will be subject to a \$35 charge.

Informed Consent Photograph

I understand that photographs, x-rays, and other records may be made during the course of my examination, treatment, and follow-up care. I give my permission for such items to be used for purposes of reasearch, education, or publication in professional journals.

I, the indersigned, have completed the patient registration and health history forms, read and understand the above office policy, and agree to it. I certify that I am the patient, or duly-authorized general agent of the patient, authorized to provide the information requested. I understand that even though I may have dental insurance coverage, I am responsible for all payments of services rendered.

Preferred method of payment (please check): CASH____ Check____ CREDIT CARD____

If you have any questions regarding the above informatoin, please discuss them with the receptionist before being seen by the doctor.

Date: <<db_date>>

Signature: