

Jennifer W Chalker DDS PLC

4104 Quarles Ct | HARRISONBURG VA, 22801 | (540) 434-4343

Written Financial Policy

Thank you for choosing Jennifer W Chalker DDS PLC. 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.

Payment in full is expected at the time of service.

Our office accepts cash, personal checks, MasterCard, Visa, and Discover. Outside financing is available through CareCredit upon request and approval. There is a \$25 service charge for returned checks.

For patients with insurance

Your **estimated** co-payment for treatment, which is the amount not covered by your insurance, is due at the time service is provided. Your co-payment may be adjusted after the time of service depending upon the final reconciliation of insurance payments.

All charges incurred are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, not with your insurance company. Your insurance policy is a contract between you, your employer and the insurance company. Our office is not a party to that contract. If payment from your insurance company is not received within 60 days from date of service, you will be expected to pay the balance in full.

Billing and Collections

Unless we approve other arrangements, the balance on your account is due and payable when a statement is issued, and is overdue if not paid within twenty-one days of the statement date. A finance charge will be imposed on your account after 60 days at a rate of 1.5% per month. Any account that has not been paid within 90 days will be handed over to a collection agency that will pursue the responsible party for reimbursement. If turned over to the collection agency, additional fees will be incurred. This will negatively impact your credit history and limit the treatment you can receive at our office.

You agree, in order for us to service our account or to collect any amounts you may owe, we, our agents, assignees, third party(s) or servicing agent(s) may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. Methods of contact may include using pre-recorded/artificial voice messages, and/or use of an automatic dialing device, as applicable. You agree that we, our agents, assignees, third party(s) or servicing agent(s) may, for training purposes or to evaluate the quality of service, may listen to and record phone conversations you have with us and/or our agents, assignees third party(s) or servicing agent(s).

Missed Appointments

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. It is your responsibility to notify us if you cannot keep the appointment time you reserved. Cancellations are required 24 hours prior to the appointment. **We will charge a minimum of \$30 for missed or late-cancelled appointments.**

Patient Dismissal

I understand that there are grounds for immediate dismissal as a patient if any offenses are committed; these offenses include, but are not limited to: rude or abusive behavior toward any staff member, non-compliance with treatment plan, medication misuse, multiple missed office visits, failure to pay on account.

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