

Eliot W. Bird, D.D.S.
10640 Charter Hill Court, Suite 101
Ashland, Virginia 23005
804-550-1222

Name of closest relative not living with you:

Name: _____ Phone: _____

Home Address: _____

Methods of Payments

1. Cash, Check, Debit Card, or Credit Card (Visa and MasterCard are accepted)
2. Dental Insurance (described below)

Dental Insurance

1. We are pleased you have dental insurance, and our office will assist you in obtaining the maximum benefits specified in your contract. However, your insurance contract is between you, your employer, and the insurance company. **You will need to bring a copy of your insurance card and/or benefit booklet if you would like help interpreting your benefits.**

2. As a courtesy to you, we will file your insurance and accept assignment of benefits if you have signed the insurance payment authorization form. We ask that your estimated co-payment and deductible be paid at the time of service.

3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will cover.

Related Information:

1. All returned checks are subject to a \$25.00 return fee. Also, any patient balances older than 30 days may be subject to additional collection fees and interest charges of 1.5% per month, or 18% annually. These additional fees will be applied to the unpaid balance at the end of each month.

2. In the event the account is not paid and we refer the account to collection, you will be responsible for all fees incurred for collection of your bill (i.e. attorney fees, court costs, and collection agency fees).

3. Your appointment time has been reserved exclusively for you. Any change in your appointment affects many patients. A notice of 24 hours is required to avoid being charged a \$25.00 missed appointment fee.

I have read and understand the above information. I understand I am responsible (regardless of my insurance) for any charges incurred from services rendered.

Name (please print) _____

Signature _____ Date _____