

**J. Wesley Anderson, Jr. D.D.S**  
**1658 Pleasure House Road Suite 105**  
**Virginia Beach, VA 23455**  
**(757)464-1964**  
**info@drwesleyanderson.com**

In order to reduce confusion and misunderstandings between our patients and the practice, we have adapted the following financial policy. If you have any questions about these matters, please speak with our front desk office staff. We are dedicated to providing you the best possible care and service to you and believe that understanding of your financial responsibilities is an important element of your relationship with our practice.

Your insurance policy is a contract between you and your carrier. The doctor is not involved. All dental plans do not cover the same services at the same payment schedule. Due to the large number of dental plans that we deal with, we cannot assure that any specific amount of any charge will be covered. Your involvement in knowing what your insurance covers is important and we encourage you to become familiar with your particular plan. This information is best obtained from your insurance company. Deductible, copayment and "non-covered" amounts are the responsibility of the patient and are due at the time of service. For your convenience we accept, Cash, Check, Visa, MasterCard, Discover and Care Credit.

Unfortunately, if we are unable to collect copays, deductibles, or other amounts that are the patient responsibility, we will use an outside agency to collect all amounts due. The patient will be liable for any costs which can include 18% annual interest from the date of service, plus the cost of collections. This can increase your bill by 50%, so please communicate any delays in payments as soon as possible.

"Usual, customary and reasonable" are terms used rather broadly in the insurance industry. We are bound by contractual agreements to accept negotiated payments with some carriers, but this does not apply to all insurance plans. In some cases there may be a difference between our charge and the insurance company's UCR, in which case you will be responsible for the balance. **\*Important Information Concerning Composite Resin Restorations\*** Your insurance company may not cover all fees associated with a composite resin restoration on a posterior tooth. If this is the case, the benefits that they pay may be less than what you anticipate. Even if we are a participating provider, the insurance company will mostly "downgrade" your restoration, thus treating your procedure as an amalgam and pay its usual and customary fee. If this happens, you will be responsible for the difference.

If you have no insurance, all charges are due in full at the time of service unless prior arrangements have been made.

A \$57.00 charge will be added to your account if you fail to cancel your appointment at least 48 hours in advance or if you fail to show for your scheduled appointment. This amount will be your responsibility and is not billable to your insurance.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_