

# JAMES A. BURDEN, D.D.S. & ASSOCIATES

## Office and Financial Policy

Our goal is to provide the best dental treatment available for you while maintaining a comfortable atmosphere. We will always strive to keep our patients happy and well informed. Thank you for choosing our office for your dental needs.

- **MISSED APPOINTMENTS**

Once an appointment has been made, please remember this time has been reserved specifically for you. We request a 24 hour notice prior to moving appointments, otherwise a charge may be incurred for appointments missed. We thank you in advance for honoring that appointment.

- **FINANCIAL AGREEMENT**

Full payment of your services or the full amount of your co-payment is due at the time of service, unless arrangements are made prior to any treatment. If you choose to finance your treatment, CitiHealth & Care Credit is available in our office. Prior arrangements must be made before the first treatment appointment.

- **Divorce:** If the divorce decree requires the other parent to pay all or part of treatment costs, it is the authorizing parent's responsibility to collect from the other parent.
- **Returned Checks:** There will be a \$35 handling fee.
- **Past due accounts:** Interest of 1.5% per month (**18%** Annual Percentage Rate) will be applied to all accounts over 90 days, regardless of the insurance involvement. Should your account be sent to a collection agency, any additional fees incurred, to collect the debt, will be applied to the remaining balance due. You understand if this account is submitted to a collection agency or if the past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.
- **Insurance:** The estimate provided by this office is considered as a guideline until the final insurance payment is received. We can make no guarantee of the insurance payment as estimated. Please remember that your policy is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. You are ultimately responsible for your account, and you will be required to pay for any services not paid by your insurance. As a courtesy to our patients, we will submit all claims and follow up on them as necessary.

- **BLOOD BORNE AND INFECTIOUS DISEASE**

By the nature of our profession, the dentist, hygienists, and assistants are routinely exposed to blood and body fluids during the treatment of patients. In accordance with Section 32.1 - 45.1 of the Code of Virginia, Dr. Burden requires that if an employee is exposed to body fluids in a manner that may transmit blood borne or infectious disease, both the employee and the patient will be tested for disease. Lab results from these tests will be made available to Dr. James A. Burden & Associates for our records.

- **YOUR SMILE**

We enjoy staying in touch with our patients through our office website, social media pages and newsletters. During the course of our office advertising and promotion, we like to include our patients by using photos or testimonials. Photos are taken periodically during office visits or during office functions. All patients or parents will be asked prior to any items being published.

- **NOTICE OF PRIVACY PRACTICES**

**Purpose of consent:** By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

**Acknowledgement of receipt of Notice of Privacy Practices**

I, \_\_\_\_\_, have received, read and considered the contents of James A. Burden, D.D.S. & Associates Notice of Privacy Practices. I understand that, by signing below, I am giving my consent for the use and disclosure of my protected health information to carry out treatment, payment activities and healthcare operations.

I have read, fully understand and accept the terms in this document.

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Patients Name

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Responsible party

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Date