



JAMES L. GYURICZA, D.D.S., F.A.G.D. & MELANIE WILSON HARTMAN, D.M.D.

GYURICZA & HARTMAN FINANCIAL POLICES

Thank you for choosing Gyuricza & Hartman Family & Cosmetic Dentistry. We are committed to providing you with the best dental care possible.

INSURANCE: Your insurance policy is a contract between you, your employer and the insurance company. We make every effort to file insurance claims as a courtesy to our patients, but all charges are your responsibility from the date of service rendered. Not every service is a covered benefit under all contracts. It is important that you read and understand **YOUR** health insurance policy and its requirements for coverage including pre-authorization of services. We currently send claims to over 100 plans and are not responsible for knowing the requirements of your specific plan. If you provide outdated or incorrect insurance information, you will be responsible for any denied claims. Most plans have a timely filing period so it is important that the information you provide our practice is the most current available. If the insurance company does not pay your balance in full within 30 days, we will ask that you contact the carrier to assist with payment in a timely fashion. If the insurance company does not pay in full within 90 days, we will require you to pay the balance due with cash, personal check, Visa, MasterCard, or Discover Card.

SECONDARY INSURANCE: We do not file secondary insurance unless we are participating providers with your carrier. If you need a copy of the original claim for your secondary carrier, please call our office and one will be mailed to you. Please keep in mind that the secondary carrier pays only after the primary carrier has paid. A copy of the "Explanation of Benefits" from your primary carrier should accompany this claim.

PROCEDURES NOT COVERED BY INSURANCE: All payments are due on the day of service.

PAYMENT: Payment for services rendered is due at time at time of treatment. We accept assignment of insurance benefits. However, you will be required to pay the portion of the service that we estimate will not be paid by the insurance company. All charges are your responsibility whether or not your insurance company pays. Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover. We accept cash, checks, Visa, MasterCard, and Discover. There is a \$35.00 returned check fee. Balances older than 60 days will be subject to our attorney for collection, you will be responsible for the cost of collection, to include court costs and attorney's fees actually incurred in the collection of your account.

COPAYS, DEDUCTIBLES AND CO-INSURANCE: Per your insurance company, your copay must be paid at the time services are rendered. Deductible and co-insurance fees are due at time of services.

COPIES OF MEDICAL RECORDS: Our fee for this service is based on Virginia Code §8.01-413B, which requires that records be provided within 15 days for a charge not to exceed 50¢ per page for the first 50 pages and 25¢ for each additional page, and a fee not to exceed \$10.00 for searching, handling and mailing records.

The above is a summary of our policies. Please do not hesitate to contact us with questions or concerns.

I acknowledge and represent that I have read the foregoing statement of Gyuricza & Hartman Family & Cosmetic Dentistry's Financial Practices, and that I understand and sign it voluntarily as my own free act and deed. I further acknowledge that no oral representations, statements, or inducements, apart from the foregoing written form, have been made.

Print Patient's Name

Patient/Guardian/Adult Signature

Date