

South Hill Periodontics

ANTHONY G. GIARDINO, D.D.S., M.S.
MICHAEL A. GIARDINO, D.D.S., M.S.D.

Diplomate, American Board of Periodontology

Welcome to South Hill Periodontics and thank you for choosing us as your dental care provider. We understand dental treatment represents a significant investment both time wise as well as financially. We are committed to addressing both the emotional as well as the financial aspects of your dental treatment in our office.

Regarding Payment:

We accept the following forms of payment: Cash, Check, Visa, MasterCard, American Express, and Care Credit.

Payment for services are due at the time the services are rendered, this includes all insurance co-pays and deductibles. Any additional account balance after insurance payment has been received is due within 30 days.

Regarding Insurance:

It is important to understand that dental insurance isn't really insurance (a payment to cover the cost of a loss) at all. It is actually a money benefit, typically provided by an employer, to help their employees pay for routine dental treatment. Most benefit plans are only designed to cover a portion of the total cost of a person's necessary dental treatment. Your "Insurance" may cover a portion of a specialist's treatment but more often than not your benefits are better utilized with your routine treatment in your general dentist's office. This can result in more out of pocket expense with the specialist.

Whatever benefits you have coming, we will make sure you get them. We will work closely with your general dentist to maximize your benefits and minimize your out-of-pocket expenses. We will also never let the insurance companies dictate what we can, or cannot recommend to you as our patient based on your diagnosis. We will tell you exactly what services are needed in order to treat and or/control the diagnosed condition.

We will do our best to give you an accurate estimate, but remember it is exactly that, an estimate. Rest assured that we are on your side and will always do our best for you.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

Signature of Patient or Responsible Party: _____ Date: _____