

Dental Patient Acceptance and Financial Policy



As a patient of Dental Innovation of Virginia (DIVA), I agree to notify the practice, at least 24 hours prior to the appointment, if I must cancel or reschedule my appointment. I understand that repeated cancellations or excessive tardiness may incur a \$50 charge of lost doctor's time.

I understand and agree that my records and the materials pertaining to my treatment are DIVA's property. Upon written request, DIVA will provide me with copies of my record. A fee may incur.

I hereby give consent to be photographed or videotaped in connection with treatment, education, and research. The photographs and video are DIVA's property. My patient record with photographs may be used for scientific writing or presentations for advancement of science. All personal information will be protected.

I also understand and agree that in accordance with Section 32.1-45.1 the Code of Virginia, that if a healthcare worker is exposed to my body fluids, DIVA is obligated to obtain my blood sample for testing and release the test result to the person who is potentially transmitted HIV, Hepatitis B, or Hepatitis C.

Coinsurance/deductible is estimated and due on the day of service. After the claim is processed, the patient is responsible for any balance. DIVA will charge an interest rate of 1-1.5% per month, 18% interest annually on balances over 60 days.

Laboratory cases: In order to send a lab work (crowns, bridges, implants, partials, dentures, Invisalign), a half of the payment is required. The balance is due in full on the day of delivery.