

Financial Policy Agreement

Welcome to Comprehensive Dental Care of Lorton Station where we are committed to providing you with excellent dental care at a reasonable cost. It is important to us that prior to beginning treatment that we explain our financial policies, so that you can make decisions regarding treatment and potential costs.

Payment

The patient portion of your dental visit is expected when service is provided unless other financial arrangements have been made prior to treatment.

When you are seen for a routine preventive visit (i.e. cleaning, exam, X-rays) and you have a PPO dental plan, we will submit an insurance claim and ask for payment to be made directly to our office. If additional treatment is needed, you will be given a written estimate of your patient portion. This fee will be collected at time of service. Please keep in mind that insurance companies vary greatly in the benefit they will provide, so the total amount paid by your insurance will most likely be a percentage of the total negotiated fee. **You will be responsible for any remaining balance after we receive payment from insurance.**

Acceptable payment methods include cash, check, Visa, MasterCard and Discover. Any checks returned due to insufficient funds will be charged \$25.00 plus the check amount. We also offer payment plans through our financial partner, CareCredit and zero-interest options are available.

Overdue Accounts

Payment of your dental bill is your legal obligation. A service charge of 1.5% per month (18% per annum) on the unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial arrangements are satisfied. In addition, you will be responsible for all attorney's fees and court costs that may be associated with the collections process.

Appointment Cancellation

We ask that if you need to cancel a scheduled appointment that you provide us with 48 hours notice. No-shows and appointments cancelled without sufficient notice will be charged a fee of \$75.

I have read and understand the above policies and agree with all terms and conditions.

Guarantor/Signature: _____ Date: _____