

**APPOINTMENTS & PAYMENTS**

When we make an appointment for you, we are promising to give our full attention to provide the finest dental care possible during the reserved time. In return, we expect you, the patient, to be present, punctual, and prepared for your appointment.

1. **Appointments are reserved specifically for you.** We ask that you provide 3 business days' notice if you are unable to keep an appointment. You will be charged a broken appointment fee if the required notice is not provided. Broken appointment fees vary and are based on length of appointment.
  
2. **Our office is open on many Federal Government Holidays** in order to offer our patients appointment options without missing work. As you can imagine, these days fill up months in advance. Because of the high demand of patients wanting to be seen on the holiday, we require a \$75 reservation fee OR your appointment to be pre-paid in full. In addition, we ask that you confirm your holiday appointment 7 days in advance. If for some reason you are unable to keep your reserved appointment, the reservation fee will be put towards your broken appointment fee.
  
3. **We request that payment arrangements be made prior to starting your treatment.** We will collect a deposit of your future treatment appointment at the time of reserving your appointment. The remaining portion will be collected on the date of your reserved appointment. We ask that all patients leave a credit card authorization on file which will be used for your portion due. See attached authorization.

We are sensitive to the fact that people have different needs in fulfilling their financial obligations. There are times when monthly payment options will be available. If you are interested in hearing more about monthly payment options, please do not hesitate to ask ahead of time. We would be happy to assist you with the application process.

**PAYMENTS & ESTIMATES FOR TREATMENT**

We will do our best to provide you with an estimate of your dental coverage for services. This is only an estimate. Many plans have exclusions and/or non-covered services that are not disclosed clearly in your policy. If your plan denies a service as being non-covered or recodes/downgrades a service billed to provide an alternate benefit, then you are responsible for the difference.

You are ultimately responsible for any balance on your account. Payment of your bill is due within 30 days of the billing date. If you do not pay your bill within 30 days of the billing date, a \$15 late charge will be added to your account monthly. If your account goes unpaid for greater than 90 days then you risk collections processing and you agree to reimburse Nokesville Family Dentistry the fees of any collection agency, which will be added to the account at the time it is placed with an agency for collection and may be based on a percentage (range 38%-50%) of the debt, and all reasonable costs and expenses, including reasonable attorney's fees, incurred in such collection efforts. If you have questions about your bill, please call our office and we would be happy to assist you.

**NON-SUFFICIENT FUNDS/RETURNED CHECKS**

If your bank rejects/returns your check payment for insufficient funds, you will be charged the bank fee of \$30.

**I have read and understand my responsibilities as a patient and/or guarantor.**

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**Print Patient Name**

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**Print Guarantor Name**

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**Patient/Guarantor Signature**

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**Date**