13885 Hedgewood Dr. Unit 101 Woodbridge, VA 22193



Phone#: (703)763-3671 Email: cindydentist@gmail.com

www.CindyDDS.com

FINANCIAL OFFICE POLICIES

Fees and Payments:

Copayment- We will <u>estimate</u> your copayment based on information provided by your insurance carrier. Copayment is due at the time of your visit. We give an <u>estimate</u> only not a guarantee of coverage.

You must understand that your Dental Insurance is a contract between you and your insurance carrier and not between the insurance carrier and the doctor. You are fully responsible for all dental fees even if your carrier denied or excludes coverage. As a courtesy our office will submit to your insurance company for services rendered at the time of your visit. Please be aware that your account with our office is not a revolving credit line. All fees are due upon service.

Per Appointment- If you are not covered by an insurance plan, full payment is due at the time of service. We accept Cash, Visa, and MasterCard.

Cancellations and Missed Appointments

Broken Appointments- Broken appointments are not fair to any of the parties involved. They deny other patients the use of this time, they cost the practice money as staff salaries and other expenses continue. They make our office hesitant to appoint that patient again. Our practice does not profit from these charges. We merely cover expenses for our time that was set aside for you. In order to recoup and recover expenses incurred by broken appointments we charge \$60 per hour.

These charges are assessed to patients that have not given our office the required "48 hours business day" notice.

By your signature	it is understood	l and agreed t	that you are	directly responsible	e for payment

Patient Name:	
Patient Signature:	
Date:	