

Woodbridge Family & Cosmetic Dentistry

4421 Dale Blvd., Ste 202, Woodbridge, VA 22193

Natalie S. Lobo, D.D.S Cheryl A. Lobo, D.D.S Amal Rastogi, D.M.D Harold Fleming D.D.S

Financial Agreement

SIGNING THIS AGREEMENT REPLACES ANY PREVIOUS FINANCIAL AGREEMENT YOU HAVE WITH THIS OFFICE. ANY PREVIOUS BALANCE ON YOUR ACCOUNT WILL BE SUBJECT TO THE POLICIES OUTLINED IN THIS AGREEMENT. ONE AGREEMENT IS GOOD FOR EACH ACCOUNT.

PLEASE BE ADVISED THAT THIS OFFICE DOES NOT DO MERCURY AMALGAM FILLINGS.

We offer the following payment options:

METHODS OF PAYMENT

We accept Cash, Check, MasterCard, Visa, and CareCredit (3RD party financing)

PAYMENT AT TIME OF SERVICE

If you **do not have insurance**, payment is due in full on the day of treatment.

Arrangements can be made for payment of cases involving full or partial dentures, crowns, fixed bridges, root canal therapy, orthodontics, and appliance therapy. All cosmetic procedures must be paid in full prior to delivery.

INSURANCE

For all insurances, we will submit claims for you and estimate your insurance co-payment and deductible which is due at the time of service. If there is a remaining balance after insurance pays, a statement will be sent to you at which time the balance is due in full.

We do not submit to any secondary insurance that you may have. We will provide you with a claim form for you to submit to your secondary insurance.

Your agreement with the insurance company is between you and your insurance company. Any assistance by the doctor and/or staff in filing of insurance papers or confirmation of insurance payments is strictly given as a courtesy and implies no responsibility on their part for follow up confirmation. If the insurance company does not remit payment within 45 days after the date of service, we will bill you the charges and upon receipt you will be responsible for payment in full. We are happy to file necessary forms to insure that you receive full benefits of your policy, but we make no guarantee of payments or any estimated coverage.

EXTENDED PAYMENT PLAN IS AVAILABLE

We offer CareCredit which allows you to make interest free payments. Please see the front desk for an application if you are interested. Application must be approved **BEFORE** work is started.

We offer in-house payment plans for orthodontic treatment only.

FEES & PAYMENTS

There will be a \$25.00 fee for any returned check.

Please give at least **24 hours notice** if you are unable to keep your appointment, otherwise there will be a charge of \$50.00 minimum for all cancellations and no shows.

Children under 18, not accompanied by a parent to their dental appointment, will need to have written permission from the parent authorizing that the dental treatment be performed in their absence. Parents will be required to make payment arrangements for their children's deductible/co-pay on the day of treatment or at the latest the next day after their child's visit.

Balances that are thirty (30) days overdue, where arrangements have not been made in advance, are subject to a 1.5% monthly service charge. Balances, which remain unpaid for sixty (60) days, will be turned over to a collection agency at which time you be subject to all costs incurred in collection, including attorney and collection fees, court costs and filing fees.

This signature indicates that you have fully read the above and agree with all terms and conditions of our financial agreement.

Print name _____ Signature _____ Date _____