



2821 N. Parham Rd Suite 102
Richmond, VA 23294

In our continued commitment to provide the highest dental care available to all of our patients and to have those services comfortably affordable, we are pleased to offer you these options for payment:

- *Cash and Checks- We are happy to take immediate payment of cash or check at time of service.*
- *Credit Cards- As an alternative to immediate payment, we accept MasterCard, Visa, Discover and American Express.*
- *Insurance- As a convenience to our patients, we will accept most dental insurance and process the claims for you to save you from this time-consuming task. While dental insurance is a contract between you and your insurer, we will always do our best to estimate the exact benefit you are qualified for even though insurance companies can always deny, reject or adjust your claim. All patients are ultimately responsible for their medical and dental expenses and all patient portions are due at time of service.*
- *Extended Payment Options- We are pleased to offer a financing option: CARE CREDIT. Please ask our front desk team member for details and credit applications.*

We are committed to support you in understanding your dental health options and financial obligations so that you will always be able to make the best choices.

I agree that I am fully responsible for the total payment of all procedures performed in this office, including any treatment that is not a benefit of any dental insurance that I may have. I understand that all services are due and payable at the time services are rendered, regardless of whether or not my insurance benefits have been received. Two percent (2%) per month interest (24% per year) will be charged on accounts overdue 30 days from treatment date. I agree to pay all attorney fees necessary to collect unpaid amounts.

MISSED APPOINTMENTS

Appointment times are reserved especially for you. If you come in late, the doctor may request that you reschedule the appointment and you may be charged a fee of \$55.00. If you must change your appointment, there will be no charge provided you give us 48-hours notice. Please help us serve you better by keeping your scheduled appointments. We are here to assist you in any way possible. Please make your questions and concerns known to our team. Our goal is to ensure that you have an outstanding experience.

Signature (Responsible Party)

Date