

Vienna Dental Arts

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PATIENT AGREEMENT

Insurance contract is an agreement between you and your insurance company. Therefore it is important that you fully understand your benefits as well as restrictions including but not limited to yearly deductibles, maximum coverage, co-Payments. We honor your insurance fees and will help you file for the service rendered.

We will give you a best ESTIMATE cost of your portion and it must be paid at the time of your treatment. Any outstanding balances not covered by your insurance will be billed to you at a later time.

FINANCIAL CHARGES: All returned checks are subject to \$25 fee. All balances over 60 days are subject to interest in amount of applicable by State law. We reserve the right to apply \$20 rebilling fee and \$25.00 late charges toward overdue financial agreements. We have the option to report your balance with us to any credit reporting agency and credit bureau.

PAST DUE ACCOUNTS: In the event that your account is turned over to a Collection Agency or attorney, you agree to pay all fees including and not limited to attorney fees, court costs, and collection agency fees.
_____(Initialize)

MISSED APPOINTMENT FEE: Please note that there is a missed appointment fee of \$45.00 per half an hour for all appointments not given at least 24 business hours notice. Please give us a call in advance if you need to reschedule or cancel your appointment. _____ (Initialize)

TRANSFERRING RECORDS: You will need to request in writing if you would like us to mail, fax, e-mail, etc. any part of your records with Vienna Dental Care.

By signing below, you acknowledge that you are responsible for the fees incurred and release us from any obligations regarding your insurance limitations.

Name (Last, First, M.I.): _____
(Patient/Subscriber or Guardian if a minor)

Signature

Date