FINANCIAL and CANCELLATION POLICY

NORTHERN VIRGINIA DENTAL SOLUTIONS
8292 OLD COURTHOUSE RD
UNIT B
VIENNA, VA 22182
Ph : (703) 893-1603

Payment is due at the time of treatment. I am aware that the office will make every effort to assist patients who have insurance in submitting and appealing claims. The estimated co-payment is due in full at each appointment.

When payment is received from my insurance carrier, I will receive a statement for any outstanding balance. I will be on the lookout for Explanation of Benefits mailed or emailed to my home from my insurance carrier to clarify coverage details. I understand that it my responsibility to be knowledgable of my insurance plan and coverage details. Dr. Lokitis and her team will do the best they can to help attain payment for services rendered by my insurance plan; however when payment is not received from insurance, I am responsible for the balance. Some reasons that insurance may not pay for services rendered include: terminated policy, policy on hold, deductible not met, non-covered services, maximum annual benefit reached, missing tooth clauses, alternative benefit given, downgraded services, and frequency limitations, as examples. Balance will be based upon what is listed and instructed on the Explanation of Benefits for the Date of Service each treatment is rendered. Balance is due in full within 10 days of billing to avoid collection action.

Unpaid claims more than 45 days are the responsibility of the patient to follow through. If more than 60 days have passed, payment in full is required. The office will assist me in getting reimbursed by my carrier.

In the event a check is returned for insufficient funds, a fee of $45 will automatically be assessed to my account. If my account is referred to an outside collection agency, I agree to pay all costs, including attorney fees, up to the statutory limits.

In the event that an appointment needs to be rescheduled, I agree to contact the office that I cannot attend the scheduled appointment with a notice of at least 2 business days. As an example, if I need to cancel my appointment for a Tuesday, I will contact the office by Friday. If more notice can be given, I will do everything in my power to let you know far in advance. If the office is contacted with less than 48 hour notice or if I miss the appointment completely, I agree to pay a $45 fee per each scheduled hour.

I agree to pay NORTHERN VIRGINIA DENTAL SOLUTIONS for any services rendered to me or members of my family in accordance with the terms stated above.
I have read the above information regarding the Payment Policy and agree to its terms.

_____	_____	_____
Signature	*Print Name*	*Date*