

Battlefield Dental of Fredericksburg, 5996 Plank Road, Fredericksburg, VA 22407
Phone: (540)412-6793, Fax: (540)412-6802

Patient Agreement and Financial Policy

Payment for services are due at the time services are rendered. For your convenience, we accept cash, checks, money orders, VISA, Mastercard, Discover, and Care Credit.

We will file your insurance claims as a courtesy, however you remain responsible for payments not covered or rejected. Please familiarize yourself with your dental plan and any limitations and maximums that may apply to your policy.

Returned checks will be charged a \$50.00 handling fee.

We make every effort to schedule appointments that are the most convenient for you and that fit your personal schedule. *Because we do not schedule several appointments at the same time, all appointments are reserved exclusively for you.* In return, we ask that you make every effort not to change your reserved dental appointment.

A charge of \$20 per half hour of appointment time will be incurred for missed appointments and appointments canceled within a 48 hour (2 business days) advanced notice.

It is our policy to collect 10% (before insurance) of any appointments over 2 hours in length. If the appointment is kept, the down-payment will be credited towards the payment due for those services performed. If less than 2 business days notice is given to cancel or reschedule the appointment, the down-payment is non-refundable.

Battlefield Dental of Fredericksburg is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for this area. Thank you for understanding our payment policy. If you have any questions or concerns, please call our office for an explanation.

I hereby confirm that I have read the above payment policy and agree to abide by its guidelines. I also authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions whether manual or electronic. I understand that payment is due at the time of service and that failure to pay amounts due will result in my account being placed with a collection agency. In the event that my account is referred to an attorney/collection agency I hereby agree to pay all collection/attorney fees and any other cost of collections.

Date: _____ **Signature:** _____

Printed name: _____