

**Fairfax Corner Dental**  
**4210 Fairfax Corner West Ave., Suite 225**  
**Fairfax, VA 22030**  
**(703) 222-2992**  
[www.fairfaxcornerdental.com](http://www.fairfaxcornerdental.com)

## **OUR OFFICE POLICY**

For those of you with dental insurance, we are happy to bill your insurance company as a courtesy to you. We ask that you pay your estimated portion of the balance at the time of your visit. We will provide estimates as accurately as possible, however, please understand that we cannot guarantee these estimates. They are solely based on the information given to us by you and your insurance company. In order for us to bill your insurance properly, it is necessary for you to provide accurate and complete information at the time of your visit. **Please understand that the balance of your treatment regardless of your insurance compensation is your responsibility.**

For those of you without dental insurance, we will expect payment at the time of service. Please let us know if there is a concern at the time we present your treatment plan. We offer “**Care Credit**” financing plan option. For information please talk to the financial manager for further details.

It is not our policy to carry outstanding balances, therefore any accounts that have not been paid in full within **60 days** after treatment will be assessed an 18% per annum interest charge calculated on the first of each month.

Appointments are scheduled on an individual basis, reflecting the amount of time needed to complete specific treatment. However, we do realize that everyone has busy schedules. If you need to cancel or reschedule an appointment, we ask that you please notify us within 48hrs so that this time may be reserved for other patients in need. Failure to do so may result in a \$70.00/Hour late cancellation, or broken appointment fee.

---

Signature

---

Date