

Culpeper Dental Associates L.L.C.
800 Sunset Lane Suite B
Culpeper, VA 22701
540-825-2444

Financial Agreement and Authorization for Treatment

I authorize treatment and agree to pay all fees and charges for such treatment promptly upon presentation of my bill. I hereby authorize the release of any pertinent information to my insurance company. I acknowledge that payments will not be delayed or withheld because of any insurance coverage or because of the pendency of claims thereon. I acknowledge that I understand that the above named office is a **“Fee for Service” office and that the above named office does not participate with any insurance coverage plan for payment.**

I understand that this office will file my insurance claim for me as a professional courtesy. I understand that this office bears no responsibility for the collection of any proceeds from my insurance.

If my account becomes delinquent and is assigned to a collection agency, I agree to pay all costs of collection, including a 25% agency fee, court costs and attorney fees. I understand that all accounts with a balance over 30 days (unless prior financial arrangements have been made) will be assessed a 1.5% late charge per month on the unpaid balance.

As a convenience for our patients with difficult work/school hours, the office is open early mornings as well as late evenings. Because we do not double book patients; **we require a 48 hour notice for all cancellations.** Office policy states that if you have 3 or more failed, or cancelled appointments you will be required to prepay for your next visit. I understand the financial agreement.

Signature

Date