

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 from 7am to 6pm most days. Because we do not double book patients; **we require a 2 business day notice for all cancellations.** Our office policy states that if you fail to show up or cancel an appointment with out two days notice you will be charged a \$25.00 cancellation fee. After 3 missed appointments you will be required to prepay a \$75.00 deposit on your next visit. If you fail or cancel that appointment, you will forfeit the \$75.00, however when you come to that appointment, the deposit will be applied toward your treatment. Signing below implies you understand the financial agreement.

Signature

Date