

DR. RAYMOND R. NILES JR. DDS & DR. KATHRYN NILES-SMITH DMD

OUR FINANCIAL POLICY

Thank you for choosing us as your dental providers. We are committed to providing you quality treatment. Please understand that payment of your bill is considered part of your treatment. If you are covered by dental insurance, we will gladly submit the necessary forms to your insurance company as stated in our dental insurance policy. You will be required to pay your deductible and estimated co-insurance costs in full at each visit. If an overpayment occurs, a refund will be issued at the end of each calendar month.

We accept cash, checks, Visa, Mastercard, American Express, and Discover credit cards. We also accept third party financing by Care Credit. Monthly billing statements will be sent to you to inform you of your account status and any outstanding charges. **Balance due now** is due in full at the time you receive this statement. We will send one statement with no service fee, future statements for the same service will incur a finances charge of 2% per month and a \$2 billing fee. Returned checks will incur a \$50 service charge.

If an account is overdue or unpaid after 90 days, it will be turned over to a collection agency and a 33% collection fee will be incurred. Any fees not collected by the collection agency will be turned over to a collection attorney, which may adversely affect your credit status. Attorney fees, court costs and all fees involved with the collections process are additional and the sole responsibility of the patient. As a patient of our offices located in Woodbridge, VA, you also consent to jurisdiction and venue in Virginia and Prince William County itself, as well as this agreement being interpreted and enforced under the laws of Virginia.

Unless canceled, at least 24 hours in advance, our policy is to charge for missed appointments. A charge of \$50 will be added to your account per appointment. If a lengthy (at or longer than 1.5 hours) or Saturday appointment is missed, a charge of \$100 will be added to your account. After three missed appointments, you agree to day-of appointment scheduling only when available as we will no longer be able to hold an appointment block for you. If you are in need of scaling/root planning (deep cleaning), you are required to make a non-refundable \$100 deposit that will be applied towards your payment for that service or the difference will be refunded after the insurance has finished making payments.

We ask that you help us to keep the cost of your dental care down by prompt payments. If you have any questions regarding our policy, please do not hesitate to discuss it with us. Your cooperation is greatly appreciated. Thank you

I have read, understand and agree to abide by this policy.

Signature of Responsible Party

Date

www.drnils.com

1960 Daniel Stuart Square, Woodbridge, VA 22191

703-494-4101