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Our Financial Policy

Thank you for choosing us as your dental care provider. Please understand that payment of your bill is the only way we can continue to provide the highest quality of care.

The following is a statement of our Financial Policy:

We require full payment at the time of service.

We accept cash, personal checks, Visa and Mastercard.

We offer an extended payment plan ONLY with prior credit approval.

Regarding Insurance:

We accept assignment of insurance benefits provided you have an insurance card and/or claim form. However, we do require that all deductibles and co-payments be paid at the time of service. Please be advised that some and perhaps all of the services provided may not be considered reasonable and necessary under some plans. An insurance policy is a contract entered into between you and your insurance company. If we are not a party to that contract through a participating provider agreement, upon receipt of any and all payable benefits, any outstanding balance is your responsibility.

Balances carried over 30 days are subject to a monthly interest rate of 1.5% (18% annually). Patient agrees to pay reasonable collection and/or attorney's fee if account requires collection and/or legal resolution.

Missed appointments:

Unless canceled at least 24 business hours in advance, it is our policy to charge for missed appointments at the rate of \$35.00 per half hour of scheduled appointment. Please help us by keeping your appointments.

I have read and agree with the above financial policy.

Signature

Date

Printed Name