ASHBURN FARM DENTAL ARTS 43330 Junction Plaza, Suite 122 Ashburn, VA 20147 (703) 729-7900 LANDMARK SMILE 5249 Duke Street, Suite 409 Alexandria, VA 22304 (703) 370-6800

WRITTEN FINANCIAL POLICY

Thank you for choosing us for your dental needs. Our mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

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We accept the following forms of payment:	
VISA / MASTERCARD / DISCOVER / AMERICAN EXP	RESS
CASH / CHECK	
FSA / HAS / CARE CREDIT	
Please Note:	
Our office requires payment prior to completion o before treatment is complete, you will receive a re	f your treatment. If you choose to discontinue care efund less than the cost of care rendered.
For plans requiring more than 3 appointments, alt larger, more comprehensive treatment of \$1000 of initial appointment.	ernative payment arrangements may be provided. For or more, a deposit may be required to secure your
A fee of \$50 is charged for patients who miss or ca hour notice.	incel more than 1 time in a calendar year without 48
A return check fee of \$50 is applied to checks that	are returned.
For all patients with insurance we are happy to wo benefits and directly bill them for reimbursement f companies only provide us with estimates and this	•
Patient Name:	/
Guardian Name:	Signature: