

Arlington Dental Associates  
200 Little Falls St, Ste201B Falls Church, VA 22046  
telephone: (703) 534 1222

**FINANCIAL POLICY**

**All payments are due at the time services are *started* unless arrangements are made prior to treatment.**

**Insurance balances are ultimately the patient's obligation. We file most insurance claims at no cost as a courtesy. We are glad to offer this service. However, insurance balances that are not paid after 60 days may be billed directly to you.**

**Please keep your walk out statements and follow up with your insurance company to ensure payment is in process.**

**Patient balances that go unpaid for 30 days or more may incur the following additional charges: interest charges of 1.5% per month or 18% APR, collection fees up to 42% of the full balance and/or legal charges.**

**Major services require a deposit of at least half the estimated patient portion at the time the appointment is made.**

**Appointments not cancelled with 48 hour notice may result in charges for time reserved.**

**A fee of \$30 will be assessed for NSF checks.**

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**Patient Name (Please Print)**

**Date**

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**Signature of patient/guardian**

***Witnessed By*** \_\_\_\_\_