



J. Douglas Wooddell, D.D.S.

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ANNANDALE, VA 22003
TELEPHONE: (703) 698-9698

Our Office Appointment and Financial Policies

We are delighted to have you as a patient, and are committed to giving you the best treatment available. We work hard to see our patients on time and keep your appointments as scheduled. We emphasize a one-on-one approach to our patient care; we reserve this time just to treat you. We do not overbook our appointments as some other offices do. As a result, time lost to cancelled appointments is important and costly to us. If an emergency circumstance does arise we ask to be given as much notice as possible to help another patient in need.

Since payment for services is a necessary part of doing business, we would like you to know about our financial policy in advance. Please take the time to carefully read this policy and sign and date at the bottom.

We do participate with several dental insurance companies, and are happy to assist you by filing your primary insurance claim for you. At the first visit, we do request payment in full, regardless of your insurance coverage. Subsequently, we will attempt to estimate your share of the fee for your treatment. We ask you to pay that estimated share at the time of service. Cash, personal checks, Visa, and MasterCard are accepted. For more extensive treatment plans, we offer to extended payment plans, to spread the cost out in several payments. As long as these payments are received on time, there will be no interest or finance charges.

Please be aware that your insurance policy is a contract between you and that company. As such, you are directly responsible for all charges, regardless of the level of insurance reimbursement. If we have not received a response within 45 days, you will be billed directly.

It is our utmost desire that we would never have to send any cases to our attorney for collection proceedings. However, if this happens, you will be required to cover the balance due plus all applicable costs. By signing below, you acknowledge agreement to pay, upon referral to attorney for collection, attorney fees of 33.3% of principal & interest owed at the time of referral, including court costs and interest at the rate of 1.5% per month.

Thank you for taking the time to read through these policies. Please let us know if you have any questions or concerns.

Signature of patient

Social Security #

Date