A. Garrett Gouldin, D.D.S., M.S., P.C.
Francisco T. Carlos, D.M.D., M.S.D., P.C.
Diplomates of the American Board of Periodontology
NORTHERN VIRGINIA PERIODONTICS

Patient Financial Responsibility Agreement

Please read this information about your responsibility for payment carefully.

In order to avoid unexpected charges, you should reach out to your insurance carrier before you initiate treatment here to familiarize yourself with the limits of your policy, and what it will and will not provide coverage for. We do our best to guide patients through this process, but ultimately it is impossible for us to keep abreast of the requirements and stipulations of the thousands of insurance products on the market. It is an individual patient responsibility to understand the provisions, limits, and requirements of their individual benefit plan(s) and advise us accordingly.

Patient initial_____ **Witness initial_____**

Please be aware that, except as contractually agreed otherwise by Dr. A. Garrett Gouldin or Dr. Francisco T. Carlos, patients are ultimately responsible for ensuring payment for all services provided. If a carrier denies payment for services because a plan requirement was not met, services were considered "non-covered", the plan benefits were exceeded, care is considered medically unnecessary, or treatment is considered experimental, among other reasons, patients will be held accountable for those charges.

Patient initial_____ **Witness initial_____**

Although we are happy to submit a claim to insurance for our patients, you will be required to pay for your treatment at the time of service. We will ask you for payment at the time of check in and registration at the front desk. Please bring your insurance card with you each visit and notify our staff of any changes in your coverage. All patient accounts are to be paid at the time of service. Our office gladly accepts cash, checks, Visa, MasterCard, Discover, and Care Credit. Checks that are returned to our office unpaid from your account will be assessed an additional $35 NSF fee. Financial problems should not be a deterrent to obtaining dental care. If you require special arrangements, please contact one of our financial coordinators prior to your appointment for a private consultation. If you pay with a credit card: You authorize Northern Virginia Periodontics to process credit card payments and you also agree that you will not request / process a charge back through the credit card company for all or part of the charge transaction for treatment provided.

Patient initial_____ **Witness initial_____**

LABWORK: Throughout the course of your care, we may send blood and tissue samples to a variety of clinical laboratories. There may be some specialty tests required that only a limited number of reference labs are capable of performing. In those instances, patients will be responsible for the fees incurred at those labs if their insurance does not participate with them. Please be aware that this office has no role in, or control over, billing issues related to clinical laboratory fees. If you have questions about bills received for laboratory charges or insurance coverage available to you, please contact the clinical laboratory in question and / or your insurance carrier. We regret that our billing staff cannot be of assistance to you in mitigating laboratory charge issues.

Patient initial_____ **Witness initial_____**

We require 48 business hours notice for rescheduling and /or cancellation of appointments. A $75/hour fee will be assessed for appointments canceled or changed within 48 hours of the scheduled appointment time.

Patient initial_____ **Witness initial_____**

Print Name of Patient	**Signature of Patient or Personal Representative**	**Date**
Print Name of Witness	**Signature of Witness**	**Date**