



Clarendon Dental Arts

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Financial Policy

It is our policy to provide an “estimate” of necessary treatment. The estimated fees will be honored for up to one year from the estimate date. This will enable you to know what services are planned, as well as, what your financial responsibility will be. **Our financial policy is as follows:**

Payment: We request that **full payment** be made at the time of appointment. We accept cash, personal checks, Visa, Master Card and American Express. We offer payment plans through Citibank Health Card and Care Credit.

Insurance: **Please keep in mind that ALL dental costs remain the responsibility of the patient and that all dental costs are not covered by insurance.** If you have dental insurance, as a courtesy, we will be glad to assist you in filing your insurance claim.

We encourage ALL patients to review their dental benefits and communicate directly with their insurance provider.

**Broken
Appointment
Charge:**

Your appointment time is reserved exclusively for you. We realize that unforeseen circumstances befall us all. However, we do require **24 hours notice** to avoid a broken appointment charge. Although the office does attempt to make **courtesy** reminder calls regarding your appointments, we consider these appointments to be **your responsibility**.

The broken appointment charge is **\$50.00** per “half hour”.

I have read the financial policy and understand the said terms regarding payment for services, insurance and broken appointment charges.

Patient Signature: _____ Date: _____