

**Ihab Abboud, DDS  
Leesburg Bright Dental**

**FINANCIAL POLICY & RECEIPT OF PRIVACY PRACTICES**

It is our policy to provide our patients with quality care. If you have insurance, we will bill your insurance company and submit your claim upon completion of treatment. Using the information provided by your insurance company, we do our very best to accurately estimate your out-of-pocket expense. You will be responsible for your estimated portion on the date of your visit. All patient's co-payments will be determined after receiving final payment on all claims.

After insurance has been processed, any balance on your account is due upon receipt of your statement. A late fee of \$50 and a service charge of 1% per month (18% per annum) on the unpaid balance will be charged on all accounts exceeding 45 days, unless previously written financial arrangements are satisfied. If your account becomes past due (over 90 days) and we incur fees through any or all of the following: collections agency, court fees, and/or attorney, you will be expected to pay all of those costs/fees in addition to the amount you owe for services with interest.

**SCHEDULING AND CANCELLATION POLICY**

Dental appointments are normally one hour visits, with longer appointments for more extensive treatment. Your reservation requires the presence of a doctor, an assistant, and in some cases, a hygienist. Our office requires a minimum of 48 hour notice if you need to reschedule your visit.

An amount of 20% of the fees for any major procedure are expected to be paid at the time of reserving your appointment. This will be non-refundable if the appointment is missed or cancelled prior less than 48 hours in advance.

As a courtesy, we will remind you of your upcoming appointment and ask that you to contact us to confirm that appointment. Reminders will be sent either via an automated system by sending a text message or an e-mail. Phone messages can also be left for those opting out of receiving text messages or email. If at any time, you or an authorized party chooses to opt-out of receiving reminders, you will be responsible for keeping all reserved appointments and will not receive communication from our office. If for any reason, you should miss or cancel your appointment without 48 hours prior notice, you will be charged a failed reservation fee. NOTE: Short notice cancellation and failed reservation fees start at \$75/hour for hygiene appointments and \$150/hour for appointments with the doctor.

All emergency dental services performed without previous financial agreements must be paid for in full at the time of service.

By signing this document, I agree to the Financial Policy and understand it is subject to change without notice.

**Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_

**Relationship to Patient** \_\_\_\_\_ **Date** \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES  
(Please refer to the attached laminated copy.)**

I acknowledge that I received a copy of Notice of Privacy Practices. A personal copy of this document can be made available to you at your request.

**Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_

**Relationship to Patient** \_\_\_\_\_ **Date** \_\_\_\_\_