

SHANE R. CLAIBORNE DDS
16862 FOREST ROAD
FOREST, VA 24551
434-944-9763 FAX: 434-616-2277

Welcome to the office of Dr. Shane Claiborne, DDS. We are happy to provide you with quality family dental care.

In order to provide you with the best service possible we request that you understand our financial policy as listed below.

Payment is required at the time of service. You may accomplish this in the following ways:

1. All major credit cards are accepted here.
2. Cash and personal checks are welcome. A \$25 charge will be assessed for all returned checks, plus any bank fees charged as a result.
3. As a courtesy to our insurance patients we will file insurance claims and you will pay only the estimated patient portion at the time of service. Any balance left after insurance payments are received, must be paid to our office within **30** days.
4. We offer Care Credit and Springstone, as financial options that allow qualified recipients make interest free payments for 6 or 12 months.
5. If my account becomes assigned to a collection agency, I agree to pay all collection fees, court costs and attorney fees. I agree that this authorization shall be valid until rescinded in writing or replaced by an updated agreement.

Help us be more efficient and other patients be seen in a timely manner by allowing us 48 hour notice if you need to change a scheduled appointment. Charges will be assessed in the amount of \$50 for a broken appointment for hygiene. A charge of \$150 will be assessed for a broken appointment for restorative work or any surgery.

It is the patient's responsibility to keep us updated of any phone number, address or insurance changes.

Thank you for choosing our office to provide you with friendly, gentle, quality dental care. This signature serves as a general consent to be seen in our office. Please let us know if you have any questions.

Signature

Date

Please see page 2.