

**Fairfax Corner Dental**  
**4210 Fairfax Corner West Ave Suite 225**  
**Fairfax, VA 22030**  
**703-222-2992**  
[www.fairfaxcornerdental.com](http://www.fairfaxcornerdental.com)

**Written Office Policy**

Thank you for choosing Fairfax Corner Dental. Our primary mission is to deliver the best and most comprehensive dental care available. All patients must complete our information forms before seeing the doctor or hygienist. A picture ID is also required.

For those of you with dental insurance, we are happy to bill your insurance company as a courtesy to you. We ask that you pay your estimated portion of the balance at the time of your visit. We will provide estimates as accurately as possible, however, please understand that we cannot guarantee these estimates. They are solely based on the information given to us by you and your insurance company. In order for us to bill your insurance properly, it is necessary for you to provide accurate and complete information at the time of your visit. **Please understand that the balance of your treatment regardless of your insurance compensation is your responsibility.**

For those of you without dental insurance, we will expect payment at the time of service. We offer "SmileClub" which is a yearly membership program, and CareCredit financing plan option. For more information please talk to our Business Administrator for further details.

Appointments are scheduled on an individual basis, reflecting the amount of time needed to complete specific treatment; however, we do realize that everyone has busy schedules. **If you need to cancel or reschedule an appointment, we ask that you please notify our office within 2 business days so that this time may be reserved for other patients in need. Failure to do so may result in a \$70.00 late cancellation or broken appointment fee.**

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)