Rocktown Family Dental Care
1971-F Evelyn Byrd Ave
Harrisonburg, VA 22801

PATIENT POLICY

We at **Rocktown Family Dental Care** would like to welcome you to our practice. **Dr. Joan Anderson** believes in creating vibrant and healthy smiles using the most advanced quality dentistry to exceed her patient's expectations. Beginning with the overall health of your mouth, we can provide you with the smile that you have always dreamed of having. We would like to provide you with information to make your experience more comfortable.

METHODS OF PAYMENT

Payment is expected at time of service. We do accept insurance assignment, but the patient portion is due at each visit. We accept Cash, Credit Card, and Care Credit for all payments. No checks please.

While we are contracted with several PPO's, we will file insurance claims for most insurance companies even if we are not an in-network provider.

Ultimately, you are responsible for payment of all fees for dental care rendered by our office. We will do our best to estimate your insurance benefits, but it is just an estimate. You are responsible to know and understand your insurance policy.

CANCELLATION NOTICE

We require **48 hours** cancellation notice. Appointments are reserved exclusively for you. If you must cancel with less than 48 hours' notice you are taking a potential appointment away from someone else. We do understand that things come up, schedules change, and illnesses happen. Each case of missed appointments will be handled on an individual basis.

We reserve the right to bill you for a missed/broken appointment if we are not given 48 hours' notice and may require a deposit to schedule future appointments. Our current missed/broken appointment fee is $50.

Patients who arrive for their scheduled appointments later than 10 minutes may not be seen and may be charged a broken appointment fee.

PLEASE GIVE 48 HOURS NOTICE TO CANCEL OR CHANGE ANY APPOINTMENTS.

I have read and understand the patient policy of **Rocktown Family Dental Care:**

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Signature of Patient, Parent, or Guardian Date