



William L. Coker III DDS  
5500 Monument Avenue, Suite C  
Richmond, VA 23226

**FINANCIAL POLICY**

Thank you for selecting us to help take care of your dental health. My staff and I are committed to your treatment being a positive experience. It is our firm belief that all people who entrust their oral health to us want and deserve the finest dental care available.

1. Payment for services is expected at the time treatment is rendered.
2. Patients with dental insurance will be required to pay their deductible and estimated portion of our fees at the time treatment is rendered.
3. Filing insurance is a service we extend to our patients.
4. Your scheduled appointment time has been reserved at your request. If this time becomes inconvenient for you, please notify our office within 48 hours before the scheduled time. A \$21 fee per each thirty minutes of missed appointment time will be charged to your account. We do require this notification to offer this time to another patient in need. Please help us avoid charging this fee by keeping your scheduled appointment.
5. Minors: Must be accompanied by a parent or guardian for all appointments unless a written consent is provided. The adult accompanying the minor is responsible for full payment.
6. Collection fees: There is a \$25 fee charged on all returned checks. Accounts older than 30 days are subject to a finance charge of 1 1/2% per month. Accounts older than 90 days will be forwarded to "Collections" and subject to additional collection fees, including but not limited to, attorney's fees, court cost, etc.

I have read and accept responsibility for the policies listed above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_