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Payment Policy

Insurance contracts are between the patient and the insurance company. The details of these contracts depend upon the arrangements made by your employer. We are a third party in these situations. We will do everything in our power to help you receive your maximum insurance benefits for dental services, including claims submissions, pulling estimates of benefits (EOBs), and submitting appeals, but you are ultimately responsible for paying for all services not covered by your plan.

While many dental organizations deal with full payment at the time of service, we request only your copay or patient portion as determined by your EOB. We will acquire the EOB from your insurance company and present you with the patient estimate prior to treatment. If there is a discrepancy between the EOB and the payment we receive from the insurance company, we will bill you or refund you for any remaining balance or credit after the claim has settled.

We request the patient portion at the time the procedure is booked.

Regardless of your insurance status, you are ultimately responsible for the balance of your account for any professional services rendered. Please notify the practice of any changes in your dental insurance coverage.

In the case of no insurance coverage, we require full payment at time of service (half when scheduled and the other half the day of the procedure). We also offer an in-house savings plan for patients without access to insurance coverage.

We accept MasterCard, Visa, AMEX, Discover, and Apple Pay in addition to Zelle, checks, and cash. We also have "buy now pay later" providers; **Alphaeon, CareCredit, Cherry, Proceed, and SunBit**. A fee of \$50.00 will be charged for checks returned for insufficient funds.

We are pleased to introduce a new limited warranty option for our patients, designed to provide added peace of mind and assurance in the quality of our services and products.

Any missed appointments or appointments canceled/moved/rescheduled less than two business days (48 hours) in advance may be subject to a cancellation fee (\$400/hour with the doctor and \$100/hour with the hygienist).

Print Name

Signature

____/____/____
Date