

**Maribel M. Vann, D.D.S.**  
**3025 Hamaker Court, Suite 402**  
**Fairfax, Virginia, 22031**  
**(703)204-1555**

**PRACTICE POLICIES**

***Scheduling***

We schedule our appointments back-to-back and we do not double-book appointments. Dr. Vann does not have flexibility to see patients who arrive late. We are not responsible for broken appointments.

***Cancellations &  
Broken appointments***

If you cannot keep your appointment, kindly give our office 48 hours notice so that we may offer the appointment to a patient who is on our waiting list.

There will be a fee for broken appointments without 48 hours notice. This fee is \$70.00 for every 30 minutes missed. For longer appointments (2 hrs. +), we require a minimum of 10 (ten) business days notice to change or cancel these appointments because of the extensive time put aside for you with Dr. Vann and her staff. If this policy is not adhered to you will be charged the fee in full for the broken appointment (as if you were seen that day).

***Cell Phones***

Please refrain from using your cell phone or any other electronic devices during your visit as it interferes with our attention to your needs.

***Fee's & Payment***

All office fees are payable in full at the time of service. We do not allow balances to carry forward. Therefore if you have an outstanding balance, it must be cleared before a follow-up visit can be scheduled. Our fees reflect not only the time we spend with you in our office, but also the time spent on your behalf between visits. This may include reviewing reports and preparing paperwork that is needed. Additional fees will be charged for work by our staff on your behalf based on the time and complexity of the task as well as the expertise involved. Our fees also reflect the knowledge and continuing education Dr. Vann pursues to maintain a high level of care. We use only the best products, labs, and or materials when treating our patients.

We accept cash, personal checks, and all major credit cards.

***Insurance***

We are not a participating provider and do not accept any assignment of or payment from any insurance company or "third party" payers. We do not submit insurance forms or bill insurance carriers. We will give you an itemized receipt for services rendered, including appropriate insurance codes to the best of our ability, which you may submit to your insurance carrier for reimbursement.

***Returned Checks***

We will assess a \$35.00 fee to each returned/unpaid check.

***Interest***

1.5% monthly interest is charged on all balances over 30 days

***Records***

There will be a charge for any records that are copied and or any x-rays, models, or treatment notes that are duplicated.

***Consent***

In the event of an accidental needle stick incurred by any Personnel, I hereby give my permission to have blood drawn and tested at no cost to me, due to associated health risks.

***Prescriptions***

There will be a \$10.00 charge for each prescription, whether it is a requested written prescription or a called in prescription. If you neglect to come for a scheduled visit, a prescription will not be given for pain that occurs as a result of the missed visit.

Name: (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_