



FINANCIAL AND SCHEDULING POLICIES

Thank you for choosing our office as your dental healthcare provider. Our primary goal is to provide thorough dental care in a comfortable, relaxed environment. To ensure a long lasting and well-informed relationship, we have listed our policies as they concern you.

FOR PATIENTS WITH INSURANCE COVERAGE

We accept assignment of benefits for patients covered by insurance. This means that you must sign the portion of your insurance form that assigns payment to our office. Many insurance policies do not cover 100% of the cost of your treatment. Because of this, and the delay in receiving payment from the insurance company, you will be asked to pay your co-pay, deductible and/or co-insurance (the estimated amount not covered by your insurance company) before service is completed. We will estimate your coverage as closely as possible, but until we actually receive payment from the insurance company, it is just an estimate. For procedures requiring multiple visits, a 50% downpayment of your portion is required on the first visit and the remainder must be paid by the last visit. Although our office will call your insurance for a breakdown of benefits, please understand that it is your responsibility to confirm and maintain current coverage with your insurance and notify our front desk of any changes at least 48 hours before your appointment. Our office does not guarantee payment or coverage by your insurance. In the event that your insurance does not cover a procedure, you become fully financially responsible for the cost of treatment completed. We will assist you in dealing with the insurance company, and will give our best effort in getting your treatment paid for by your insurance, but ultimately the responsibility lies with you. If an insurance claim is denied we will appeal it one time on your behalf, after which the balance becomes your responsibility, and must be paid within 30 days. You may then pursue reimbursement from your insurance company directly. We will provide you with the documentation you need by mail or e-mail. If, after 60 days of the date of service, for any reason, the insurance does not cover its portion and says nothing otherwise, you will be responsible for the full payment and any occurred fees.

FOR PATIENTS WITH NO INSURANCE COVERAGE

You will be expected to pay for the services provided at the time services were rendered. For services requiring multiple appointments a 50% downpayment is required at the first visit, and the remainder must be paid in full by the last visit. For services over \$1,000 we offer a 10% courtesy on our fees if services are paid for in full before treatment is initiated.

FINANCING

Financing is available through CareCredit. Please inquire with our front desk staff for more details.

In-office financing is available for 3 months with no interest.

Payment is due within 30 days of the billing date. A \$50 late fee (shown on your statement as a Billing Charge) will be applied monthly for bills not paid within 30 days. Additionally, a monthly interest charge (shown on your statement as a Finance Charge) of 1.5% (18% APR) will also accrue on accounts over 90 days old, unless prior financing arrangements have been made.

MINORS

The parent or legal guardian accompanying a minor is responsible for full payment at time of service. If parents are divorced, the parent accompanying the child is responsible for payment at time of service.

For unaccompanied minors, treatment consent and payment arrangements with the parent or legal guardian must be made prior to appointment, or non-emergency treatment may be denied.

FORMS OF PAYMENT

We accept cash, check, VISA, MasterCard, Discover, American Express, and CareCredit.

There is a \$50 fee for returned or canceled checks. You will be responsible for clearing your account within 10 days, and your privilege to write checks in our office may be jeopardized.



You may not use a FSA or HSA to “pre-pay” for any treatment. These accounts may only be used to pay for appropriate treatment that has been completed.

If there is a credit on your account, you may choose to either leave the money in your account for future use, or request a refund. This request may be verbal or in writing. Refunds are issued only in the form of a check addressed to the patient or responsible party, and will be mailed out or available for pickup 30 days from the date of request.

If, for some reason, you stop treatment before it has been completed, you are responsible for payment covering the portion of treatment that was completed to that point. Refunds will not be issued for any treatment that has been completed. You may receive a refund for treatment that was paid for ahead of time but not initiated, unless customized “prep work” was done in anticipation of your treatment.

Accounts over 90 days old with no financial arrangements made will be sent to a Collections Agency and interest will accrue at the highest lawful rate from the date of treatment. You will be responsible for all costs incurred in the collection of your account. This includes all attorney fees, collection fees, monthly interest, all court costs, and any other costs associated with collecting this account. Maryland law will apply relative to this account.

We are happy to discuss our charges and how they relate to your particular situation. We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. Most often, financial misunderstandings can be managed with a phone call. Please feel free to contact us at any time to discuss any concerns you may have.

SCHEDULING

We provide a courtesy reminder for your appointment at least 2 days prior to the appointment. This reminder will be either by telephone or e-mail. This reminder is only a courtesy and you are expected to keep your appointment, unless you call to notify us otherwise. Please ensure that you keep your contact information (name, address, e-mail, telephone numbers) up-to-date. There is a \$50 Broken Appointment Fee for missed appointments, or appointments cancelled with less than 48 hours notice. You are allowed a 15 minute grace period after your appointment time. After this time, you may be asked to reschedule your appointment and the broken appointment fee may apply. If you miss 2 consecutive appointments, we reserve the right to refuse you another appointment.

Saturday, Sunday, Monday and Holidays are not considered working days.

RESPECT

We set the utmost emphasis on treating our patients with care, respect and dignity. We ask that you respect our office staff and other patients in the same way. Please remember that this is a family practice. Conversations or behaviors within our office environment (including over the phone) that may be deemed offensive, including but not limited to: discrimination on any basis- gender, race, religion, nationality, sexual orientation etc.; offensive language; inappropriate dress; harassment of any kind, or any other behavior that may be deemed offensive, will not be tolerated and the Practice reserves the right to dismiss patients based on violations which are deemed disrespectful or offensive.

OUR SERVICE TO YOU

We strive to treat our patients with compassion and excellence. If you are dissatisfied with our services in any way, please bring it to our attention so that we may review our practices and policies to better serve you.