



We Make Kids Smile

3460 Old Washington Road
Waldorf, MD 20602

Office Financial Guidelines

Consent:

I authorize the doctor to obtain x-rays, study models, photographs and/or any other diagnostic aids deemed appropriate to make a thorough diagnosis. I will be given the opportunity to discuss the treatment plan with the treatment assistant and make any financial arrangements, if necessary, with the financial coordinator. The treatment plan and financial arrangement must be signed and agreed upon before any appointment(s) can be scheduled.

Missed Appointments:

48 hours notice is required to cancel any appointment:

You will not be assessed a fee for your first missed appointment. A second missed appointment will result in a charge of \$75.00 per family member and any dental appointments thereafter will require a 50% deposit dependent on the treatment needs. At the time of your third missed appointment, you will be charged a broken appointment fee of \$75.00 and we may dismiss you from the practice.

Financial Responsibility:

1. All payments and co-payments are due at the time of service.
2. There is a fee for all returned checks. The fee is currently \$35.00, but is subject to change without notice dependent upon the charges incurred at the bank.
3. In the event of default, I promise to pay legal interest, collections cost, and related attorney's fees.

Payment Options:

1. Cash and checks
2. Credit Cards – Visa, MasterCard, Discover and American Express.
3. Care Credit

Dental Insurances:

We accept assignment of dental insurance benefits. However, we require your full deductible and/or co-payments to be made at the time of service. Please keep in mind that we can only estimate your portion. The balance of your account is your responsibility. We will not enter into a dispute with your insurance company over your claim. Please note that some, and perhaps all, of the services provided may be non-covered services and not considered

reasonable and customary under your insurance plan. It is your responsibility to know your insurance benefit, and disclose them to us. We no longer accept secondary insurance however we can provide you with the necessary paperwork.

Date

Signature