



Advanced Cosmetic and Implant Dentistry of Maryland.

FINANCIAL POLICY – no insurance

We desire to make dental treatment affordable to all of our patients and make every effort to fit your care within your budget and schedule. Therefore, we offer the following financial options:

1. **VISA/ MASTERCARD/ AMEX/Cash/Check**
2. **Care Credit Patient Financing** – These are our in-house financing options and are great for larger cases where a patient is unable to pay upfront. WE ACCEPT Both! Ask for details.

All work is to be paid at time of service for the majority of cases. Crowns, dentures and bridges require ½ the balance paid at the start of treatment and ½ paid before the final seating of the prosthesis.

Please initial the following:

- A finance charge of 1% per month (with a minimum rebilling fee of \$5.00) is applied to all account balance after 90 days.
- For all NSF (returned) checks there will be a fee of \$35.00 and a late charge assessed.

I hereby assign to the dentist all payment for dental services rendered. I have read and understand the above financial policy. I am responsible for payment of all dental fees for myself and/or my dependents within 90 days. I authorize Advanced Cosmetic and Implant Dentistry of Maryland to furnish information to insurance carriers concerning treatment for myself or my dependents.

Signature _____

Dated _____