



Advanced Cosmetic and Implant Dentistry of Maryland

FINANCIAL POLICY

Because we understand that dental insurance plays a role in helping many people defray some of the costs of dental care, we would like to share with you the following facts about dental insurance.

Dental insurance is not meant to be a pay-all.... It is meant to only assist in this process. Dental insurance plans **do not** necessarily correspond to your patient needs. As such, many routine and necessary dental services are not covered, even though you may need those services. Our responsibility is to provide you with the best treatment to meet your needs, not to try to match your care to any specific insurance plan limitations.

For example, often insurance companies only pay for the price of silver, amalgam fillings. We only place white, composite fillings here. **Thus, if this is your case, you will be required to pay the difference.** This is but one example of insurance differences and listing them all would be impossible. Bottom line is we do our best **guesses** of what you will have covered but we are often wrong, even though this is never our intent. And you are responsible for whatever portion your insurance does not cover.

Another issue patients need to consider is “in network” or “out of network” coverage from their insurance carriers. Sometimes we are “in” a patient’s network, sometimes we are not, and sometimes it doesn’t matter. It is your responsibility to know which you are a part of should you elect care. This may or may not correspond to how much you pay out of pocket for the care.

Please understand that we cannot accept responsibility for collecting an insurance claim, or for negotiating disputed claims and that you are responsible for anything your insurance company does not cover.

AT TIME OF SERVICE PAYMENT OPTIONS

We offer the following financial options:

1. **VISA/ MASTERCARD/ AMEX/Cash/Check**
2. **Patients with Insurance-** a partial payment is required at the start of all treatment beyond routine cleaning and exams. This includes 25% of the total for fillings or 50% of the total for crowns. A statement will be sent AFTER we receive the insurance payment- if no payment or a partial payment is received the remaining balance will need to be paid by the patient within 30 days of appointment.
3. **Care Credit Patient Financing** – These are our in-house financing options and are great for larger cases when a patient is unable to pay upfront. WE ACCEPT Both! Ask for details.

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 understand that the quotes regarding what my insurance may pay from Advanced Cosmetic and Implant Dentistry of Maryland are best guesses and are not definitive. Often you will be required to pay more than what we estimate, even though this is never our intent.

I hereby assign to the dentist all payment for dental services rendered. I have read and understand the above financial policy. Regardless of insurance coverage, 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 _____