



## **Financial Policy Agreement**

Thank you for choosing *Bethesda Chevy Chase Smiles* as your dental care provider. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of our mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

**The following is a statement of our financial policy which we require that you read, agree to, and sign prior to any treatment.**

General: Please understand that regardless of any insurance status, you are responsible for the balance due on your account. You are responsible for any and all professional services rendered. This includes, but is not limited to, dental fees, surgical procedures, tests, office procedures, medications, and also any other services not directly provided by the dentist.

Missed Appointments and Cancellations: We fully understand that life can be unpredictable and many times things come up unexpectedly. However, please understand that your appointment time is reserved especially for you, and we truly look forward to helping you with your dental needs. We do request that you please notify us of a cancellation or re-scheduling 48 hours in advance. Otherwise, we do reserve the right to charge a fee of \$40. \$75 is charged for a reserved two-hour appointment. Please help us service you better by keeping scheduled appointments.

Insurance: Please remember that your insurance policy is a contract between you and your insurance company. It is not a guarantee that your insurance will pay exactly as estimated - insurance coverage is subject to limitations, exclusions, waiting periods, frequency, age restrictions, deductibles and maximums which are your responsibility. We can help you verify your dental insurance coverage and benefits prior to arriving at the office. Our staff will also be happy to submit your insurance claim and help you maximize your dental benefits.

If you have any questions concerning the fees for service, it is your responsibility to have these answered prior to treatment to minimize any confusion on your behalf. As a courtesy to you, we will do all we can to ensure that your estimate is as accurate as possible.

Payment: Payment is due at the time service is provided. If insurance benefits apply, ESTIMATED PATIENT CO-PAYMENTS and DEDUCTIBLES are due at the time of service, unless other arrangements are made.

For larger, more comprehensive treatment plans involving lab cases, a 50% deposit is required at the time of treatment and remaining 50% at delivery and completion of treatment.



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Payment Options: We accept

- Cash or Check
- Debit/Credit (Visa, Mastercard, Discover Card)
- CareCredit

*Bethesda Chevy Chase Smiles* does charge \$35 for returned checks.

Unpaid balances of over 90 days will be subject to a late fee of \$35. If payment is delinquent, the patient will be responsible for payment of collection, attorney's fees, and court cost associated with the recovery of the monies due on the account.

Consent: I have read, understands, and agree to the above terms and conditions. I authorize my insurance company to pay my dental benefits directly to this office. I understand that responsibility for payment for dental services provided in this office for myself and my dependents is mine, due and payable at the time of service as rendered.

Communication: By signing below, you are also authorizing us to call or text you at any number you provide including calls to mobile/cellular devices for any lawful purpose. You agree to any fees or charges that you may incur for an incoming call or text from us.

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Patient Name (please print)

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Patient, Parent, or Legal Guardian Signature:

Date:

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