Baltimore Periodontics
Lasers & Dental Implants www.baltimoreperio.com
6400 Baltimore National Pike Ste. 200B, Catonsville, Maryland 21228 Phone 410-744-6088 Fax 410-744-6141

FINANCIAL POLICY
Please read carefully and sign.

- **FULL PAYMENT IS DUE AND PAYABLE AT THE TIME OF SERVICE**
- We accept **Cash, Check, VISA, MasterCard, American Express, Discover, and Third-Party Financing** (no-interest or low-interest health care financing program). Any special arrangements must be discussed with and approved by our Front Desk Team Leader **prior** to the start of treatment.
- **For patients covered by insurance**, we will gladly submit your **dental** insurance claims for you. Estimated deductibles and co-pays are due and payable at the time of service. We do not, however, submit for reimbursement from Medical Insurance, Flex Spending Accounts (FSA) or Health Savings Accounts (HSA). The patient is responsible for paying our office for the service and submitting their own reimbursement claims.
- **For minor patients**, the adult accompanying the minor to the appointment is responsible for full payment at the time of service.
- **All balances on billing statements are due and payable upon receipt.** You are responsible for all fees for treatment rendered regardless of your status as an active or inactive patient in the practice.
- **The fee for a returned check is $40 and is non-refundable.** We reserve the right to refuse payment by check thereafter.
- **Delinquent accounts:** Patients with delinquent accounts will be required to make full payment on the account prior to making appointments for additional treatment. A **late fee of $30** will be applied to all accounts overdue more than 30 days from the date of service. After 60 days from the date of service all accounts will incur a fee and will be sent to collections. You are responsible for costs associated with the collection of a delinquent account including reasonable attorney fees and court costs. Baltimore Periodontics is authorized to disclose portions of the patient's dental record to the extent necessary to determine liability for payment and to obtain reimbursement. Furthermore, you may be dismissed from the practice.
- **Cancellations/Missed Appointments:** We require **2 business days' notice to change or cancel non-surgical appointments**. ***We do not accept cancellations via our voice mail or e-mail system. You must speak with a staff member*.** Failed or cancelled non-surgical appointments will be recorded in the patient chart and will result in a **$75 broken appointment charge** to your account. Patients with frequent broken appointments may be dismissed from the practice. **Surgical** appointments require your estimated portion/deposit to be paid when scheduling, to reserve the time allotted for your appointment & **5** business days' notice to change or cancel surgical appointments. Less than 5 business days' notice will result in forfeiture of your deposit. **If you paid in full for the planned treatment and then do not adhere to the above cancellation/missed appointment policy, a total of $450.00 or 10% of your total scheduled surgical treatment whichever is greater will be forfeited and not refunded.**

****Refunds:** No refunds will be processed until our office has received a written request from the patient and all insurance claims are settled and reconciled against your account. All refunds will be made by paper check only, via regular mail. If your dental insurance pays more than expected, any courtesy extended will be reversed to zero out your account.

Insurance – We do NOT submit to medical insurance.
It is our pleasure to assist you in maximizing your insurance benefits and, as a courtesy; we will file your **dental** claims for you. We will **estimate** your deductible and the portion not covered by your insurance, and this amount is due and payable at the time of service. As it is impossible for us to know the details of every insurance policy, our **estimate** may differ from the actual coverage, and your account will be adjusted accordingly when your claim is paid. Our practice is committed to providing the best treatment for our patients and we set our fees based on the quality of treatment we provide. The insurance policy is a contract between you and the insurance company. **You are ultimately responsible for the fees on the account regardless of insurance coverage. Insurance is not a substitute for payment.** **INITIALS: _____**

Furthermore:

- You must provide our office with complete and accurate billing information prior to treatment, including current insurance card. **If we cannot verify your insurance, you will be asked to make the full payment up front.**
- The insurance policy is a contract between you and the insurance company.
- You are responsible to Baltimore Periodontics for all charges for dental treatment not covered by insurance, including co-payments, deductibles and fees for non-covered services. You are responsible for **all** fees not paid after 30 days from date of service, regardless of the status of your insurance claim. If the claim is subsequently paid and results in a credit, you will be refunded the amount, so long as no further claims are pending.
- You authorize Baltimore Periodontics to submit claims and you assign insurance benefits to Baltimore Periodontics including any or all insurance checks that are sent directly to you. Assignment will remain in effect until revoked in writing. A photocopy of this assignment is considered as valid as an original

I have read and understand the above policy and agree to comply with its terms.

Signed (patient or guarantor):_____Date:_____

Print Name: _____