

Financial Policy

Chart No

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PAYMENT

Payment is due at the time services are rendered. In order to assist you, we provide you with the following payment options;

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| <input type="checkbox"/> Cash | <input type="checkbox"/> Care Credit |
| <input type="checkbox"/> Check | <input type="checkbox"/> ChaseHealthAdvance |
| <input type="checkbox"/> Credit Card (MC, Visa, Discover, Diners Club, and Amer Exp) | <input type="checkbox"/> Debit Card (PIN number required) |

INSURANCE BENEFIT

We accept "assignment of benefits" as payment for your treatment. Deductibles, co-payments, coinsurance, and services not covered by your insurance benefits must be paid in accordance with our Payment Policy described in the above section. If your insurance claim is denied, you are responsible for the total amount due. You are also responsible for the amounts due over the cost of your yearly contract allowance. All services are not covered by insurance contracts. If your insurance company has not paid the full balance within 30 days, you will have fourteen calendar days to pay the balance. If your insurance company pays more than the balance due, you may be eligible for a refund if no other claims or services are outstanding, and all related accounts are paid in full.

Insurance is a contract between you and your insurance company. We are not a party to that contract. Arundel Mills Dental Group does not mediate or remedy disputes between patients and their insurance carriers regarding deductibles, co-payments, covered charges, secondary insurances, or "usual and customary fees" other than to supply factual information as may be necessary to assist you in obtaining insurance reimbursement to the best of our ability. You are responsible for the timely payment of your account.

EMERGENCY PATIENTS AND MISSED APPOINTMENTS

Emergency Patients: Our policy requires verification of insurance. In the event that we are not able to verify your insurance information, payment will be due at the time our services are rendered. We will assist you in submitting a claim to your insurance company so that the insurance company will reimburse you for your visit.

Missed Appointments: Unless canceled at least 24 hours in advance, our policy is to charge \$35 for each missed appointment.

OVERDUE ACCOUNTS

There will be a finance charge of 2% per month on balances overdue by sixty days and a late fee of \$35.00 per month applied to your account.

REFUNDS AND RETURNED CHECKS

Arundel Mills Dental Group does not issue refunds for services rendered and performed in good faith, meeting applicable ethical standards, and consistent with the duty of care expected for dentists.

All returned checks will incur a \$35.00 processing fee.

ACKNOWLEDGEMENT AND CERTIFICATION

My dentist may recommend and/or perform procedures or treatment not covered by my insurance. I agree to be fully responsible for payment of all services provided by my dentist as well as any and all claims denied by my insurance company. I also agree to pay any late fees and/or collection charges to collect on this account. To help facilitate collection(s), I authorize the release of any information necessary to process insurance claims. I authorize Arundel Mills Dental Group (including any of its affiliated Corporations, associates, independent contractors, or staff) as my advocate to my insurance company or the Maryland Health Insurance Administration regarding any appeals of contentment. I authorize the release of all information pertaining to all insurance claims requested by my insurance company. I authorize all payments to Arundel Mills Dental Group, and if an insurance claim payment is inadvertently sent to me, I agree to promptly endorse it and forward it to Arundel Mills Dental Group.

Print Patient Name	Patient or Parent/Guardian's Signature	Date
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The above signature will be used for those patients with insurance as "Signature on File"