MID-ATLANTIC PERIODONTICS, P.C.
AND IMPLANT DENTISTRY

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Financial Policy

The following is our financial policy, which we request that you read, agree to, and sign prior to any treatment.

CASES WHERE INSURANCE WILL NOT BE INVOLVED:

We will require full payment due at the time of the service.

CASES WHERE INSURANCE IS INVOLVED

We will TRY to verify your insurance coverage; we do this as a courtesy to our patients. However, **it is your responsibility to understand how your insurance plan works**.

Payment for services, including deductibles and copayments, are due at the time of the service. Payments may be made using cash, check, or credit cards.

Mid-Atlantic Periodontics, P.C accepts some dental benefit plans. We are happy to submit the claims necessary to see that you receive your benefits. The insurance contract is an agreement between you and the insurance company, we are not a part to that agreement. **You are ultimately responsible for all charges. We cannot guarantee that any coverage estimated by your plan will be paid once a claim is filed.**

In order to maximize your benefits and because plans differ from carrier to carrier, and from policy to policy, our office may refer you to your carrier or your employer's benefits coordinator for assistance in understanding your plan. Please note that dental insurance is intended to cover some but not all dental care costs, and not all services are covered by your plan. You are responsible for payment of all services regardless of the payable benefit. Because we can sometime only approximate from the information we are given from your insurance company, sometimes overpayment may occur – you can request reimbursement of overpayment.

FORMS OF PAYMENT WE OFFER:

There will be 3% additional fee added to credit card payment by credit card processing company

☒Cash ☒Checks ☒Visa ☒Master Card
☒American Express

There is a fee of $35.00 for returned checks. In the event the use of a collection agency is required, an additional fee of $50.00 will be applied for collections management.
There is a $75.00 charge for a missed appointment or if 24 hours notice is not given. This fee is not covered by any of the insurances.
I have read, understand, and agree to the financial policy.
Fees are in effect for 6 months.

Signed _____ Date _____
Patient/Parent or Guardian if patient under 18 years of age.