



8001 Wisconsin Ave, Suite 103
Bethesda, MD 20814
Office: (301) 312-8210
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FINANCIAL POLICY

We are doing everything possible to keep down the cost of dental care. You can help a great deal by reducing the number of bills we send to you. The following is a summary of our payment policy.

ALL PAYMENTS ARE EXPECTED AT THE TIME OF SERVICE

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable deductibles and estimated payments. **Divine Smiles Dentistry** accepts cash, Visa, MasterCard, Discover, American Express and CareCredit.

Patients with an outstanding balance 60 days or more overdue must make arrangements for payment prior to scheduling future appointments.

INSURANCE:

As a courtesy to you, we submit claims to all participating insurance companies. You are expected to pay your deductible and estimated payments at the time of service. If we have not received payment from your insurance company within 45 days of the date of service, you may be expected to pay the balance in full. You are responsible to be sure all charges are paid whether by you or by your insurance carrier.

We only submit claims to primary and secondary insurance companies.

Your time of service receipt includes all information necessary for submitting claims to your insurance company. By signing below, you hereby authorize **Divine Smiles Dentistry** to release any information regarding dental history and/or treatment for this claim to your Plan Administrator or its authorized agent for the purpose of determining benefits payable; and authorize payment directly to **Divine Smiles Dentistry** for services rendered.

If you need assistance or have questions, please contact our **Billing Coordinator between 9:30 a.m. and 3:00 p.m., Monday, Tuesday, Friday and Saturday at 301.312.8210.**

REFUNDS:

Patient/guarantor credits in amounts less than \$20.00 will be retained on account to be credited toward future balances unless a written request for refund is received. Amounts of \$20.00 and greater will automatically be refunded to the patient/guarantor.

TREATMENT CANCELLATION/ INTERRUPTED SERVICES:

Patients requiring Crown or Bridge services may cancel treatment with no charge prior to natural teeth being prepared or altered for the prosthetic. Once tooth preparation occurs, patients are liable for the full cost of the services even if they choose not to complete treatment.

Patients requiring Complete or Partial Dentures may cancel treatment within 48 hours with a fee for the impressions taken. Patients are liable for the estimated full cost of the services even if they choose not to complete treatment.

MANAGED CARE: **Divine Smiles Dentistry** does not participate with any Managed Care Insurances.

MISSED APPOINTMENTS/LATE CANCELLATIONS:

Broken appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. Cancellations, including rescheduling requests, are expected to be made at least 48 hours prior to your scheduled appointment; otherwise the patient's account will be assessed a \$50 cancellation fee.

I have read and understand the **Divine Smiles Dentistry** Financial Policy. I agree to assign insurance benefits to the **Divine Smiles Dentistry** practice whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections. Excessive abuse of scheduled appointments may result in discharge from the practice.

Patient Name (Print): _____

Date: _____

Patient/Guardian Signature: _____