SOUTH RIVER DENTAL CARE, P.A.
969 EAST CENTRAL AVENUE
EDGEWATER, MARYLAND 21037
(410) 798-6341

ABOUT FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE

Our office is committed to providing you with the best possible dental care. If you have dental insurance, we want to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

The patient's share of payment is due at the time services are rendered. We accept cash, checks, and certain credit cards. We happily help our patients process claim forms for reimbursement but each patient is responsible for payment of any fees not paid by insurance. We do not track how much of a yearly maximum insurance benefit has been used.

Returned checks and balances over 30 days will be subject to additional collection fees and interest of 1.5% per month. Charges may also be made for broken appointments canceled without 24 hours notice.

We will gladly discuss your proposed treatment plan and answer any questions relating to your insurance. You must realize, however:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.

2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services that they will not cover.

3. The patient is responsible for payment whether or not services are covered by insurance.

We must emphasize that as your dental care provider, our relationship is with you, not your insurance company. It is your responsibility to know and understand your insurance benefits. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility as of the date the services are rendered. We encourage you to contact us if personal financial problems arise so that we may assist in the management of your account.

If you have any questions about this information please ask us. Otherwise, please sign below that you understand and agree with this information.

Date_____ _____