

Frederick Dental Group

Welcome to our office. We pride ourselves on providing the best quality care for our patients and ask our patients to be partners in their dental care. As such, we request the courtesy of the following:

Financial Policy:

** We accept payment by cash, credit cards and check (may be written by established patients only).

** *There will be a 5% discount for patients who will pay upfront in full. We will bill your insurance as a courtesy to you. We Request that you pay all charges so you maybe reimbursed at the time of service.*

** **Payment plans are available. Please check with the financial coordinator regarding interest free options.**

** **Payment must be received within DUE DATE for all the accounts with outstanding balance. All the accounts with outstanding balance over 30 days are subject to 15% finance fee. Any account balance with more than 30 days may turn into the collection agency without prior notice. We strongly recommend to make a payment arrangement if there is any balance in the account.**

Please be advised that all treatment plans written are done so in good faith with insurance information estimated to our best ability from your insurance. The information given to our office is not a guarantee of payment by the insurance company, and the actual payment may differ. It is the patients responsibility to become familiar with the benefits and limitations of their dental plans. **All payments/copayments are due at the time of service unless prior arrangements have been made.

****There will be \$35 fee for any returned checks, and a \$50 fee for any returned checks that are not reconciled within 10 business days for their return or warrant legal pursuit of the issue. All accounts that require pursuit through a collection agency will be responsible for all the collection and attorney fees.**

** Due to the soaring costs of maintaining infection control guidelines, our office institutes a \$5.00 infection control fee for each visit. This is to offset the high cost of using disposable supplies.

Scheduling Policy:

** If you cannot keep your scheduled appointment, please provide us with **48 hours** notice so another patient may take advantage of the doctors time. We reserve the right to charge for broken appointments not cancelled with the appropriate notice.

**Advance deposits will be necessary to reserve long appointments. Scheduling of more than two family members at the same time or multiple appointments will also require an advance deposit.

Exposure Protocol:

***In the event that an employee suffers an exposure during your dental treatment, you consent to have blood drawn to provide pertinent medical information for the employee involved. All medical information is kept confidential and will only be provided by the physician to the involved employee as well as yourself.*

Records:

We are required by law to maintain all records for our patients and therefore cannot release originals of any x-rays or chart materials. Duplication charges are applicable if you would like copies of your x-rays or chart materials. All fees must be paid prior to the release of materials.

I have read and understood, and agree to be held accountable to the Germantown Dental Group office policies.

(Signed) _____ (Print Name) _____ (Date) _____

All information released to this office is confidential under the doctor/patient privilege and the HIPAA privacy practices. I, _____, acknowledge that I am aware of this offices privacy practices and have received a Notice of Privacy Practices from this office.

Patient, Parent/Guardian Signature _____ Date _____

Please help us contact you!! CHECK WHERE YOU PREFER TO BE REACHED!!!

Cell # _____

Home# _____

Work# _____

Email _____