



## Financial Policy

Thank you for choosing Bethesda Chevy Chase Dental Care. Our Primary mission is to deliver the best and most comprehensive dental care available. In order to achieve this goal, we need your assistance and your understanding of our payment policy so that we minimize our billing cost. **ALL PATIENTS MUST COMPLETE OUR OFFICE HEALTH HISTORY AND FINANCIAL POLICY IN ITS ENTIRETY PRIOR TO BEING SEEN BY THE DOCTOR.** Payment is expected at time of service, unless other arrangements have been made, prior to treatment.

### INSURANCE:

The patient (or responsible party) is responsible to pay any deductible and percentage **AT TIME OF SERVICE**. If payment is not made on the treatment date the office will honor the insurance benefit, and the patient will be responsible to pay usual and customary fees. The percentage quoted to you is **an estimate** and not a guarantee of payment from your insurance company. In order for us to file claims on your behalf, you must supply us with all the necessary insurance information. Please refer to your insurance manual for specific coverage. Your insurance policy is a contract between you and your insurance company and we file your claims as a courtesy. If your account has not been paid within 45 days, **the balance will be due in full by you, regardless of insurance status.**

For the plans in which we are participation provider, we will submit claims for you. The plans which we are not participation provider, we will submit the claim to your insurance carrier. If an overpayment occurs, we will refund the payment to you at our earliest convenience.

### MINOR PATIENTS:

Unaccompanied minors will not be seen without written permission from a parent or guardian. The parent, guardian or adult accompanying a minor is responsible for full payment, their deductible or percentage. **AT THE TIME OF SERVICE**, for unaccompanied minors, non-emergency treatment will be denied unless charges have been prepared or the minor comes prepared **AT THE TIME OF SERVICE**.

### FINANCE CHARGES:

Any account balance carried over 45 days will be subject to 5% interest charged per month. In the event that the account is turned over to a collection agency, the patient or responsible party shall be liable for any clerical, legal and collection fees incurred, up to 30% of the outstanding balance. Also, please note, balances sent to our collection agency will be billed to our usual customary fees, which forfeit your insurance benefits.

### PAYMENT OPTIONS:

- Visa, MasterCard or Cash, Check
  - We offer a 8% courtesy accounting adjustment to patients who pay their total treatment with cash, check or credit card prior to completion of care.
- **No INTEREST<sup>1</sup>** Payment Plans from **CareCredit** and **Chase Health Advance**
  - Allow you to pay over time with **No INTEREST**
  - Convenient, low monthly payment plans also available
  - No annual fees or pre-payment penalties

**Please Note:** A fee of \$25 is charged for patients who miss or cancel more than 1 time in a calendar year without 24-hour notice. Bethesda Chevy Chase Dental Care charges \$25 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

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Patient, Parent or Guardian Signature

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Patient Name (Please Print)

<sup>1</sup> If paid within the promotional period. Otherwise, interest assessed from the purchase date. Minimum monthly payment required.

<sup>2</sup> Subject to credit approval.

<sup>3</sup> However, if we do not receive payment from your insurance carrier within 60 days. You will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.