

Colesville Dentistry
724 Cloverly St.
Silver Spring, Maryland 20905
(301) 384-6000

PAYMENT POLICY

Dear Patient,

Many people have inquired about our payment policy. Below is an explanation to help clear up any questions.

If you do NOT have any dental insurance, full payment is expected at the time that services are rendered, unless some prior arrangements have been made.

If you DO have any dental insurance, as a courtesy to you, this office will accept benefits (payments) from most private dental insurances. This means, if you elect to have the insurance company pay us directly, then you do NOT have to pay the total charge, just what the insurance company does not pay (this is called a co-pay). If you elect to do this, the co-pay must be paid by the patient or the responsible party **AT THE TIME OF SERVICE**. If our charges are more than what your insurance company considers **ALLOWABLE CHARGES**, then you will be responsible for the amount not paid by your insurance company.

We try very hard to find out as much as possible about your benefits to make this estimate very accurate; unfortunately most insurance companies have some fine details that we may not be aware of. As a result, you may have a small balance or a small credit on your account. If a credit is left on your account, please notify us as to where to send a refund check. If a small balance under \$10.00 is left on the account, we will notify you of this balance at your next visit, and we ask you take care of it at that time. If you are unable to do so, you may have a grace period to pay the balance of 15 days. If the balance is over \$10.00, you will receive a statement, usually within 45 days.

We make every attempt to handle insurance problems with your insurance company; however, you are ultimately responsible for the total charges on your account. If your insurance company denies a claim, or delays payment for over 60 days, we will notify you of the problem and ask that you take care of the balance on your account. If you have any questions please ask, then please sign below, acknowledging that you have read and understand the above.

I, _____, have received a copy of this payment policy and fully understand it.