



Our office’s financial policy has been established to keep our fees fair and reasonable.

Payment is expected at the time services are rendered. For your convenience we accept: cash, personal checks, and money orders, Master Card, Visa or Discover.

**DENTAL INSURANCE:**

If you have dental insurance coverage, we will take care of the necessary paperwork for you, submit the claim, and have the payment sent directly to us. At the time of visit please have all the necessary policy information to enable us to submit the claim. If you do not have that information, you will be responsible for the fees incurred at the time of the visit. We will then give you a receipt that you can submit to your insurance company for reimbursement. *It is your responsibility to know your insurance information.*

Dental insurance does not cover all costs for dental services. Some companies pay fixed fees for certain procedures, while others pay a percentage of the charges. What your dental insurance covers has been negotiated between your employer and the dental insurance company. We will estimate what your insurance will cover and let you know what your initial responsibility will be. That responsibility is due at the time services are rendered. After receiving payment from your insurance company, if there is an overpayment, a refund will be sent promptly, if there is a balance due, a statement will be sent for you to remit your final responsibility for that treatment. *It must be noted, that all fees incurred are ultimately your responsibility.*

**OUTSTANDING/OVERDUE ACCOUNTS**

If collection action is necessary on your account, you will be liable for interest of 1 ½% per month on all outstanding balances, as well as any fees incurred for collecting said account. Those fees shall include, but not be limited to attorney’s fees, court costs, as well as collection agency fees.

**MISSED APPONTMENTS**

We reserve the right to charge a fee for appointments missed without 24 – hour notice.

**SEPARATED or DIVORCED**

Payment is the responsibility of the parent accompanying the child to the dental appointment. This is very important, so there are no misunderstandings regarding the necessary treatment for your child.

We hope this clarifies our financial policy. As always, we remain ready, willing, and able to answer any questions you may have.

I acknowledge that I have reviewed the financial policies, as listed above, understand them, and agree to them. Further, I have had the opportunity to have all my questions answered regarding this policy.

Patient Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

2324 W. Joppa Road Suite 430 Lutherville, MD 21093  
Phone: 410-321-0200 | Info@JoppaGreenPedo.com  
www.JoppaGreenPediatricDentistry.com