Laurel Bush Family Dentistry
2111 Laurel Bush Road
Suite E
Bel Air, Maryland 21015
(443) 512-8703

OFFICE GUIDELINES AND FINANCIAL POLICY

Thank you for selecting us as your dental health care provider. We are committed to your treatment being a positive experience. Please understand your financial obligations are considered part of your treatment. The following is a statement of our financial policy.

No Insurance Accounts: Payment I full is expected as services are rendered. We accept cash, checks, MasterCard, Visa, Discover and Dental Fee Plan.

Insurance Accounts: Patients with dental insurance are required to pay their Deductible and Estimated Co-Payment at the time treatment is rendered. Please understand that your estimated portion is what we expect your insurance to pay. However, insurance my not pay the entire portion of the estimation or they may pay more depending upon the circumstances. Any procedure that is performed and not covered by your insurance will become your responsibility. We accept assignment of insurance benefits after confirmation of your coverage. If coverage cannot be confirmed, we do require full payment at the time of service. Any patient seen in this office presenting an insurance card that is not effective for the date of service, will be responsible for the fees incurred at the time of the visit.

The normal procedure for processing insurance claims:

1. Patients should bring necessary dental insurance forms and insurance booklets or cards to verify coverage
2. The insurance form is completed by our office and submitted to the insurance company for payment as a courtesy to the patient.

Billing Fee: Any patient who has not paid the amount due from the first billing statement will be subject to a billing fee of $10 per monthly statement.

Past Due Accounts: Accounts not paid within sixty (60) days from the date of service, will be turned over to our collection agency. All collections and legal fees will be added to your balance.

Returned Checks: A returned check fee of $30.00 will be charged. Immediate remittance in the form of cash, money order, credit card or certified funds is required for a returned check.

Minors: The parent or guardian must accompany a minor for all appointments and must remain in the office while the minor is receiving treatment.

If at any time you have a question about this Financial and Insurance Policy or your account, please do not hesitate to contact a member of our staff for assistance.

I have read the above policy and agree to accept all financial responsibility for:

Patient's Name (Please Print): ______________________ Date: ______________

Signature of Guarantor: _______________________

Relationship to Patient: _______________________