



Dear New Patient:

We would like to welcome you to ELKRIDGE FAMILY DENTISTRY. We appreciate that you have chosen us for your dental care. Below you will find our financial and cancellation policy. Please read it over carefully and do not hesitate to ask if you have any questions.

FINANCIAL POLICY

I understand and agree that dental insurance policies are an arrangement between an insurance carrier, employer and myself. Furthermore, I understand that this office will prepare necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to this office will be credited to my account on receipt. I permit this office to endorse co-issued remittances (payments with both, my name and yours) for the conveyance of credit to my account. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment should the insurance company fail to remit payment within 45 days of filing all claims. I also understand and agree that all insurance deductibles and co-payments are my responsibility and are due at the time services are rendered. THIS OFFICE DOES NOT ENDORSE A POLICY OF ACCEPTING INSURANCE PAYMENT AS PAYMENT IN FULL ON ANY DENTAL INSURANCE ACCOUNT. In addition, I understand that if I suspend or terminate my care and treatment, any fees for services rendered me will be immediately due and payable.

CANCELLATION POLICY

I understand that IT IS OF UTMOST IMPORTANCE THAT I KEEP MY APPOINTMENTS. The doctor and assistant time has been reserved specifically for my care. A charge of \$50 will be assessed for cancelled or broken appointments unless a 24 hour notice is given.

INCLEMENT WEATHER: Normal office hours will be maintained during inclement weather unless our patients are notified otherwise. If roads are impassable every effort will be made to contact you as soon as possible before your appointment and a message well be left on the office answering machine. A charge will not be assessed under these conditions. However, if you are unable to make your appointment, please call to let us know prior to your scheduled visit.

Signature: _____ Date: _____