

**DIAMOND DENTAL OF OWINGS MILLS, LLC
FINANCIAL POLICY**

Overview

Patient Name _____

Thank you for choosing our office for your dental needs. We continually strive to provide our patients with the finest care. Dental treatment is an excellent investment in an individual's medical and psychological well-being. We work hard to discuss your dental care, the risks and benefits to various treatments, and associated fees before beginning any treatment. We realize that every patient has different financial situations; therefore, we are prepared to offer our patients a variety of payment options to allow you to receive the dental care that you deserve. To maintain efficient practice operations, and prevent any misunderstanding, we ask that you review our financial policies.

Payment for dental services provided are due at the time of service unless other arrangements have been made in advance. For patients with dental insurance, your deductible and copay are due on the date of service. We will work with you to maximize your insurance benefits, but keep in mind, you are fully responsible for all fees associated with treatment, regardless of insurance coverage.

For your convenience, we accept cash, checks, Visa, MasterCard and Care Credit (third party financing).

When a balance is due on your account, you will receive a monthly statement. After 90 days, any unpaid may be eligible for a collections agency.

Please contact our office if your statement does not reflect your insurance company's payment within the four to six weeks following your treatment. Any remaining balance after your insurance company has paid is your responsibility, and prompt payment is appreciated. Note: Adults 18-26 years old using their parent(s) insurance, financial arrangements are your responsibility, but you may want to include your parent(s) in financial discussions.

Discounts and Financing Plans

-Pay As You Go: Simply complete treatment at a pace that is comfortable with your personal finances.

-5% Pre-pay Cash or Check Discount: On treatment greater than \$1500 when paid by check or cash on or before the date of service.

-3% Pre-pay Credit Card Discount: On treatment greater than \$1500 when paid by credit card on or before the date of service.

-Special Service Payment Option: On occasion, the doctor may opt to allow for an extended in office payment plan. This treatment option would allow the patron to spread the payment of treatment over 3 months by paying half of the treatment cost on the date of service, then pay the remaining balance in 2 equal subsequent monthly payment. Month 1 = 50% total balance fee, Month 2 = 25% total balance fee, Month 3 = 25% total balance fee (Paid in Full). This option MUST be agreed upon BEFORE service is rendered.

-Care Credit Healthcare Financing: Healthcare financing allows you the flexibility of applying for several convenient financing plans. Upon completion a short credit application and approval by Care Credit, you may select 3, 6, or 12 months *interest free* financing, or 18-60 month plans from 4.99% to 14.90% depending on your credit score. More information may be found at www.carecredit.com

I have been presented these options: _____ Date: _____

Signature or Guardian's Signature