

**DIAMOND DENTAL OF OWINGS MILLS, LLC**  
**Monica Mattson, D.D.S.**

**WELCOME...**as a new patient to our practice, we would like to welcome you. If you are an established patient, we want to thank you for the trust you have placed in Dr. Mattson and our dental team.

**YOUR TREATMENT PLANNING...**it is our policy to provide the best dentistry for you. To do this, it is important that we do not allow dental benefits to be a determining factor in the diagnosis. Your treatment will be based upon your needs, and we assume you are as concerned as we are about maintaining your good health.

**DENTAL INSURANCE...**the term is misleading. What is commonly known as “dental insurance” is more correctly termed dental benefits. Dental benefits are not intended to pay for everything, but to assist with costs of dental treatment. Generally, dental benefits pay a percentage of some procedures up to a set yearly maximum (most of which have remained the same since the early 1970's). The benefit available to you are established by which plan package your employer has purchased, and may change annually.

**IMPORTANT INSURANCE INFORMATION...**we recommend that you contact your insurance company for benefit information as all policies differ. Monica Mattson, D.D.S., is not listed as a “preferred provider” or “in network” for any insurance plan; however, as a courtesy to our patients we will submit claims to ALL insurance companies. We also accept benefit assignment, meaning that we will estimate the expected benefit payment and allow you to pay your estimated portion. Please be prepared to put a percentage of your visit down along with your deductible when services are rendered. Once your insurance has paid its allowable amount, you will be responsible for the remaining balance. We do not guarantee any estimate, and we take no responsibility for any denials by the dental plans, as your plan is a contract between you and your insurance company, not us. If your insurance pays the subscriber of the policy directly, we ask that payment be made on the date of service unless financial arrangements have made in advance. **Initials** \_\_\_\_\_

**PAYMENT...**we feel that everyone benefits when definite financial arrangements are agreed upon. For your convenience we offer several financial arrangement options. We accept personal checks, cash, Visa, MasterCard, Discover, and American Express. We also offer affordable payment plans though Care Credit third party financing. **Initials** \_\_\_\_\_

**APPOINTMENTS...**for your convenience we offer a wide variety of office hours Monday, Tuesday, Wednesday, Thursday and some Friday and Saturday mornings. Ask about possible early morning and evening weekday hours.

**CANCELLATIONS...**we try to be respectful of our patient's time when scheduling appointments. Likewise, we ask you respect the time of our other patients and staff members. Please call our office as early as possible if you are in need of a schedule change or delay. Any appointment canceled with less than 24 hours of notice or a missed appointment may be subject to a \$50 fee. **Initials** \_\_\_\_\_

**PATIENT CONFIDENTIALITY...**our office is in compliance with the Federal “HIPPA” Health Insurance Portability and Accountability Act. We will not share your information with anyone other than your insurance carrier, pharmacist, physician, or other dental specialist. I have been given a copy, or have been made available the office’s entire HIPPA policy. **Initials** \_\_\_\_\_

**I have read and understand the above policies.**

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Patient Signature (or Guardian signature)

\_\_\_\_\_  
Date: