

FINANCIAL POLICY

DR. KIMBERLY M. FORD & ASSOCIATES

Welcome! Thank you for selecting us as your dental health care providers. Our goal is to provide you and your family with optimal dental care. We want you to feel welcome and as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our financial policy.

FINANCIAL AGREEMENT:

Patient are expected to pay for our services prior to the start of service. Our patients who have dental insurance are expected to pay the amount of their estimated co-pay and deductible prior to the start of service. Payments may be made using cash, check, Visa, MasterCard, Discover, and/or American Express. We also offer CARECREDIT which is a financing option that is available only for healthcare expenses. We will mail monthly statements to all patients with an outstanding balance charge of 1.5% per month past 60 days.

Optional payment terms:

1. Full pay cash discount: We offer a 5% accounting courtesy for all services that are paid in full by either cash or check, prior to the commencement of services.
2. Financing: By arrangements with CARECREDIT we can offer patients upon approval, an interest-free term loan (up to 12 months) with no down payment, no annual fee and no prepayment penalty. Longer term financing is also available up to 60 months, subject to interest, with no down payment, no annual fee, and no pre-payment penalty. Ask for an application.

There will be a fee for any additional procedures not included in the original treatment plan that become necessary during the course of treatment.

Appointments:

In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel at the last minute. We require at least 48 business hour notice for any cancelled appointment. If 48 business hours is not given, there will be a \$50 charge per standard appointment time with an extra \$25 per additional half hour scheduled thereafter. After 3 missed appointments or cancelled appointments you may be subject to double booking or a short call list. This gives you the opportunity to know if your busy schedule has an opening for a dental appointment within the next few hours.

Insurance Information:

As a courtesy to our insured patients, we submit claims to your insurance company free of charge. We will help you to receive your maximum allowable benefits. In order to do this we need your insurance card and/or insurance policy with you on your first visit of every calendar year (your insurance year may not run January – December). We also need to be informed promptly of any change in insurance coverage during the year.

All of our doctors will diagnose treatment based on your dental health not your insurance coverage.

You must realize that:

Dental insurance provides limited coverage. It is actually a money benefit, typically provided by an employer, to help their employees pay for routine dental services. The employer usually buys a plan based on the amount of benefit and how much the premium costs per month. Most benefit plans are designed to cover a portion of the total cost of a person's necessary dental treatment. For example, a dentist may recommend a crown for a tooth that has extensive decay, however, the dental plan may only cover the cost of a filling. This does not mean that the patient does not need a crown, only that the benefit is limited to a filling. Consider your insurance more like a rebate or coupon. It provides assistance.

Completion of treatment implies acceptance and consent on your part to the treatment. Any balance not paid by the insurance company is the responsibility of the patient to pay.

If your insurance has not paid within 90 days of services rendered, we require you to make full payment to this office and be reimbursed when your insurance company pays. After 90 days the patient is responsible to pursue payment from the insurance company. All current documentation will be provided by mail in order to assist your inquiries.

The insured has a better ability to deal with the insurance company and the employer responsible for the policy.

Please indicate your understanding and acceptance of these financial policies by signing below. For the mutual convenience of you and the practice, it is understood that this executed copy of the Financial Policy also shall cover your dependent children who are patients of the practice.

Patient's name (please print)

Patient's signature

Date



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