



**KAPLAN & MC GLOTHLIN, D.D.S., P.A.**

219 W. Bel Air Avenue, Aberdeen, MD 21801

410-273-6363

**ABOUT FINANCIAL ARRANGEMENTS**

We are committed to providing you with the best possible dental care. If you have dental insurance we will help you receive your maximum allowable benefits. In order to do this we need your assistance and your understanding of our financial policy.

Payment for services is due at the time services are provided unless other payment arrangements have been approved in advance. We accept cash, credit cards, and ATM cards. We will be happy to help you process your insurance claim form for your reimbursement. Any such request must be accompanied by a copy of your insurance card. In special instances, we may accept assignment of your insurance benefits.

Additional fees will be charged for returned checks. Balances older than 30 days will be subject to additional collection fees and interest charges of 1.5% per month. Charges may also be made for broken appointments and appointments canceled with less than 24 hours notice; also for attorney fees, court fees, collection agency fees, and out of pocket expenses associated with collection of your account if it becomes delinquent (25% of balance).

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize:

- Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
- Our fees are considered "usual, customary, and reasonable" by most insurance companies. This does not mean that all fees will be 100% covered by your insurance company, as insurance companies have complex methods of determining how much they will pay for a particular procedure.
- Not all services are covered in all contracts. You are responsible for knowing and understanding the limits of your insurance coverage.
- Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent bringing the child in for treatment will be the parent responsible for those subsequent charges.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While we will file your claims for you as a courtesy, all charges are your responsibility from the day the services are rendered, regardless of delays by the insurance company. We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact our financial coordinator promptly for assistance in the management of your account.

**WE ARE HERE TO HELP YOU! PLEASE DON'T HESITATE TO ASK!**

**CANCELLATION POLICY:** It is of the utmost importance that you keep your appointments. Doctor's time has been reserved specifically for YOUR care. **A charge of \$35.00 will be assessed for canceled or broken appointments,** unless a 24-hour notice is given. We are committed to keeping our fees to a minimum, but if we do not collect for broken or canceled appointments we will be forced to raise our fees for all patients.

**INCLEMENT WEATHER:** Normal office hours will be maintained during inclement weather unless you are notified otherwise. If roads are impassable every effort will be made to contact you as soon as possible before your appointment. If you are in doubt, please phone the office before starting out. A charge will not be assessed for missed appointments under these conditions. However, if you are unable to make it to your appointment, please notify us.

*I understand and agree that, regardless of my insurance, I am ultimately responsible for the balance on my account for any professional services rendered I have read all the information on this sheet.*

*I hereby authorize payment directly to the above named dentist of the group insurance benefits otherwise payable to me.*

NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SEAL (Please Initial) \_\_\_\_\_

**NAMES of others on this account** \_\_\_\_\_

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