

WELCOME TO SILVER SPRING PERIODONTICS

Dr. Duane Bennett D.D.S., M.S.D. and the team at Silver Spring Periodontics are committed to providing you with the highest quality of care, as your health and well-being are our primary concern. Please understand that prompt payment of expenses is part of the treatment process. To assure a mutual understanding of our fee structure and payment requirements, we ask each patient to read and sign this brief explanation before beginning treatment.

Payment for services is due at the time treatment is rendered. We accept cash, checks, Visa, MasterCard, Discover, or American Express cards. If you are in need of a financial option, we also work with Care Credit, who offers short term and extended term financing options designed to meet your treatment plan needs on approved credit. Just ask us for an application or apply online at www.carecredit.com.

INSURANCE BENEFITS

We must emphasize that as a dental care provider, our relationship is with you, the patient, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are ultimately your responsibility from the date of service rendered. We currently accept several insurance plans and estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. Most dental benefit plans are meant to assist with dental costs but will rarely pay for your complete dental care. If you have any questions regarding your dental benefits, please contact your employer or insurance company directly.

If insurance does not pay within 60 days, we reserve the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between YOU and your insurance company. Ultimately, you are responsible for all charges incurred in our office.

BROKEN APPOINTMENTS

A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you are unable to keep a scheduled appointment, we ask that you give our office 2 business days' notice. Without this notice, future appointments will need to be pre-paid and a \$75.00 cancellation fee will be assessed to your account for non-surgical procedures and \$150.00 for surgical appointments.

We welcome you to our practice and look forward to working in partnership with you to achieve and maintain a healthy, beautiful smile. If there is anything, we can do to make your visits here more pleasant, please don't hesitate to ask one of our team members.

I have read the Financial Policy. I understand and consent to the terms of this agreement.

Print: _____ Sign: _____ Date: _____