6801 Douglas Legum Dr Suite C
Elkridge, MD 21075
Phone: 410-381-8283
Fax: 413-254-5304

PAYMENT FOR DENTAL SERVICES

I hereby assume all financial responsibility for all charges incurred for services rendered. **Columbia Prime Dental L.L.C. will submit to my insurance company as a courtesy. It is my responsibility to know my insurance coverage and benefits.** I understand that I will be required to pay co-payments, amounts applied to deductibles, and balances of bills not paid in accordance with the benefits of my current insurance policy to Columbia Prime dental L.L.C., or designate for services rendered. If I am unable to make payment in full within 30 days, I agree to call the office and make payment arrangements.

Amounts due at time of service are an estimate of what your costs will be and what the insurance company will pay. When the services are complete and a claim is received for payment, your insurance company will calculate its payment based on your current eligibility, plan benefits, the amount remaining in your annual maximum, and any deductible requirements.

I certify the information I reported regarding my insurance coverage is correct. I authorize the doctor's office to verify insurance coverage and benefits allowed in accordance with my insurance company's policy.

In the event I fail to pay upon demand, my account will be referred to an outside collection agency and or attorney. I accept full responsibility to pay all collections costs not to exceed 50% and interest of 1.5% per month not to exceed 18% per annum and reasonable court costs.

CANCELLATION POLICY

To better serve all or our patients, we **require more than 48 hour notice** to cancel or reschedule your appointment. Should you miss, or cancel your appointment with **less than 48 hour** notice, you will be charged **$50.00 per hour of** scheduled **visit**, and payment will be due at the time of your next appointment. Your **insurance company does not cover fees for missed appointments**. After **2 appointments missed** we reserve the right to terminate our relationship with you and ask that you seek dental services somewhere else. You will be allowed to get emergency dental services for the **next 30 days** while you look for a new dental home.

By signing below, you acknowledge receipt of our Notice of Privacy Practices

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Patient or Legal Guardian Signature Date