

**Campus Hills Dentistry**  
1208 E Churchville Rd. Suite 100  
Bel Air, MD 21014  
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[Churchvillesmiles@gmail.com](mailto:Churchvillesmiles@gmail.com)

### **OFFICE POLICY**

**THANK YOU** for selecting us as your family dentist! We are committed to your treatment being a positive experience.

**FULL PAYMENT:** is due at the time services are rendered. For your convenience, payment options include:

Cash or Check, Credit Card: Discover, MasterCard, Visa & Amex

Care Credit: **No Interest Financing W/ Approval**

(We pay the interest for you!)

**MINORS:** must be accompanied by a parent or guardian for all appointments, unless written consent is obtained. The adult accompanying the minor is responsible for the full payment.

**MISSED APPOINTMENT:** Your scheduled appointment has been reserved at your request. No charge will be made for rescheduling provided **24-hour notice** is given. Otherwise, a minimum fee of **\$75** will be charged. This advance notice is required to offer this time to another patient in need.

**FIRST APPOINTMENT:** If we are not able to verify your dental insurance or cannot obtain a list of benefits, full payment is due at the time services are rendered.

**DEDUCTIBLES & ESTIMATED CO-PAYMENTS:** are due at the time treatment is delivered.

**USUAL & CUSTOMARY RATES:** Our practice is committed to providing the best treatment for you at a fee that is reasonable, usual & customary for this area. Not all companies reimburse based on a fee schedule that is current and standard for this area. Therefore; you are responsible for payment, regardless of any insurance companies' arbitrary determination of usual & customary rates.

**FILLING INSURANCE CLAIMS:** is a service we extend to our patients. We must emphasize that as a dental provider, our relationship is with our patients- NOT the insurance company. In the State of Maryland, insurance companies are required to send payment within 30 days. If a full payment is not received from your insurance carrier within 30 days, the balance becomes your responsibility.

**UNPAID BALANCES:** Failure to pay any unpaid balance owed can result in collection efforts. After 90 days, a minimum \$75 collection fee will be applied to balance owed. You will be responsible for any attorney/court cost & fees in addition to previous unpaid balance. Please help us by notifying us if you have any question in reference to your monthly billing statement & we may possibly avoid this costly process.

I HAVE READ THE ABOVE POLICIES & AGREE TO ABIDE BY THEM.

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

Print: \_\_\_\_\_

**Office policy updated on 5/3/17**