



9101 CHERRY LN STE 202 | LAUREL MD, 20708 | (301) 776-3300

Written Financial Policy

Thank you for choosing Laurel Laser Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, MasterCard, American Express or Discover Card
- Convenient monthly payment options from Care Credit Healthcare Credit Card
 - o Allow you to pay your balance over time
 - o No annual fees or pre-payment penalties

Laurel Laser Dentistry requires payment at the beginning stage of your treatment.

For plans requiring multiple appointments, alternative payment arrangements may be provided. For larger, more comprehensive treatment plans, a 20% deposit is required to secure your initial treatment appointment.

For patients with dental insurance, we are happy to work with your carrier to maximize your benefits and directly bill them for reimbursement for your treatment, as allowed by your plan. This is not a guarantee of payment from your insurance company and any amount not paid by the insurance company is ultimately the patient's responsibility. Your estimated portion is due when treatment is performed. I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand that payment is due at the time of service unless other arrangements have been made. In the event payments are not received by an agreed upon date I understand that a 1-1/2 % late fee (18%APR) may be added to my account. In the event my account becomes delinquent due to non-payment and is turned over to an outside collection attorney or agent I am responsible to pay all actual and reasonable fees, legal fees and court cost in the collection of this account.

A fee of \$100 is charged for patients who miss or reschedule an appointment more than 1 time in a calendar year without 24-hour notice. Multiple missed appointments could result in dismissal from the practice.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)