

Progressive Dental Solutions

Wayman J. Brown, D.D.S., FICOI

Excellence: The Art of Surpassing Our Patients' Expectations

We want you to be comfortable with your dental treatment and your payment arrangement. Dental treatment is an excellent investment in an individual's medical and psychological well-being. Financial considerations should not be an obstacle to obtaining this important health service. Being sensitive to the fact that different people have different needs in fulfilling their financial obligations, we offer several different payment options.

Our payment options

Payment is due at the time of service

- Cash
- Any major credit card with proper ID
- Check (with prior approval)
- Same as cash for 3*, 6*, 12*, or 18* months (*depending on fee) (subject to credit approval)
- Low fixed rate monthly payment starting at 5.99% 18 to 60 months (subject to credit approval)
- This office will defer assigned benefits by your insurance carrier for 30 days. Any unpaid balance is due upon receipt of a statement.

Discounts

- **Senior citizens** age 65 and older are offered a 10% discount for payment in full by cash, check or major credit card at the time of service. This offer is not valid with assignment of insurance benefits or any 3rd party billing.
- Payment in full upon scheduling for treatment fee over \$500.00 by cash, check or any major credit card are offered a 7% discount. This offer is not valid with any other discounts or 3rd party billing.

Insurance benefits

So that we may better help you receive any benefits you may be entitled to, we must ask that you provide the dental office with all necessary information to verify eligibility and file with your insurance carrier prior to your appointment. We ask that you bring a completed dental insurance form or proof of insurance at each visit. As a courtesy to you, we will file with your insurance carrier and defer the estimated benefit. Once the allowed benefit has been received we will apply the payment to your account and send you a billing statement for any unpaid portion. We do not like sending our patients late notices and would prefer not to charge billing fees. Let's agree that you will keep your account current.

Past due accounts

We must ask that you keep your account current. Any account balance after 30 days is due by you upon receipt of a statement. Any account balance over 30 days is subject to a month billing charge. If the patient/responsible party fails or refuses to make payment in full to show his/her account current and it becomes necessary to place the account in the hands of a collection agency/attorney; the patient/responsible party is then responsible for additional charges for the billing charges, collection agency fees, attorney fees at 25% of the balance due, court cost and all other charges applicable under Maryland law.

Dishonored checks

In the event of a dishonored check, the patient will be notified and given 10 days to make payment in full to include a \$35.00 returned check fee. If for any reason payment is not made in full within 10 days, the patient/responsible party will be charged in addition to the amount of the check and returned check fee for an amount up to 2 times the amount of the check, but not more than \$1000.00.

I have read and understand all of the above

Patient Signature: _____ Date: _____

(SEAL)