

New Image Dental
Jason R. Smithberger, D.D.S.
658 Kenilworth Drive, Suite 201
Towson, MD 21204

Thank you for choosing our dental for your dental care. We are committed to your dental health; however we need your understanding and cooperation with respect to our financial policy and your financial obligations.

Full payment is due at the time services are rendered for those not covered by Insurance, or for those who are members who need to pay deductibles, co-pay, and/or estimated co-insurance on the date the treatment service is provided.

We accept cash, personal checks and Visa/MasterCard.

Insurance Policy

While the filing of insurance claims is a courtesy that we extend to you, we must emphasize that as dental providers, our relationship is with you, not your insurance company. Your insurance is a contract between you, your employer and the insurance company; we are not a party to that contract. Therefore, if your insurance company has not paid us within 60 days, the balance automatically becomes your responsibility.

Please be aware that some services are not covered based on your employer's contract with the insurance company.

Usual and Customary Rates

Our practice is committed to providing the best treatment for you at a fee that is reasonable, usual and 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 company's arbitrary of usual and customary rates.

Billing Policy

The increased costs associated with billing have dictated the following policy. Any bill that is sent for an account past 60 days will be charged a \$5.00 rebilling fee and will be subject to a finance charge of 1 1/2% per month. Any balance older than 90 days will be forwarded to collections and subject to additional collection fees.

Missed Appointments

Please help us serve you better by keeping scheduled appointments that have been reserved for you at your request. Unless proper notice of cancellation (24 hours in advance) is received, a minimum fee of \$50.00 will be charged to your account based on the amount of time reserved for you. If a hygiene appointment is cancelled without proper notice, a \$71.00 fee will be charged to your account.

Signed: _____ **Date:** _____

(Patient, parent or guardian)