

Gunnar Fisher Dentistry
20 E. Timonium Road Suite 210
Timonium, Maryland 21093

Financial and Insurance Policy

Thank you for selecting us to be your dental health care provider. My staff and I are committed to your treatment being a positive experience. Please understand that your financial obligations are considered part of your treatment as well. The following is a statement of our financial and insurance policies.

Cash Accounts

Cash accounts are those without the benefit of dental insurance. Payment is due in full the day services are rendered.

We accept:

- Cash
- Check (returned check fee is \$25.00. Immediate remittance in the form of cash, money order or credit card is required on all checks that are returned to our office.)
- VISA, MasterCard, American Express and Discover
- Extended Payment Plans (**with prior credit approval**) through CARECREDIT, a medical/dental credit card with many low interest financing options.

Insurance Accounts

- Patients with dental insurance are required to pay their deductible and co-payments at the time treatment is rendered.
- If your insurance card is not presented or if we are unable to verify your dental insurance, full payment is due at the time services are provided.
- While filing insurance claims are a courtesy we extend to our patients, we must emphasize that as dental providers, our relationship is with our patients and not the insurance companies. In the state of Maryland, insurance companies are required to pay claims within 30 days. If payment is not received from the insurance company within 60 days, the balance will become your total responsibility.
- Our practice is committed to providing the best treatment for you at a fair fee. Not all insurance companies reimburse based on a fee schedule that is current and standard for this area. In addition, some of the services provided may be non-covered services under the policy your employer has selected. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.
- Due to the uncertainties of responsibilities and relationships between primary and secondary carriers, we **can not** file secondary insurance claims. However, we will provide you with a detailed computer generated statement with the necessary codes and procedures that you can submit to the secondary carrier for direct reimbursement.

Minor Patients

Minors must be accompanied by a parent or guardian for all appointments. The adult accompanying the minor is responsible for full payment.

Cancelled or Missed Appointments

Your scheduled appointment time has been reserved for you at your request. Please help us serve you better by keeping your scheduled appointment. If the time becomes inconvenient for you, please notify our office. Cancellations with less than 24 hours notice or missed appointments will result in a fee being charged to your account based on the amount of time that was reserved for you. It is not our intention to charge you; however, we do require notification in order to offer that time to another patient in need of dental care.

Past Due Accounts

Any account overdue more than 60 days will incur a monthly billing charge of \$5.00. Any account overdue more than 90 days will be submitted for collection and subject to additional fees, including but not limited to, collection and legal fees, court costs, etc.

Consent

I have read the policies listed above and agree to accept and abide by these policies. I understand that I am responsible for all financial responsibilities for services rendered.

Signed _____ Date _____
Patient or Parent/Guardian of minor