

FINANCIAL POLICY

Thank you for choosing Drs. Ensor, Johnson and Lewis ("EJL Dental") as your dental care provider. We are committed to providing the best possible service and treatment to make your visit a successful and pleasant experience. The following is a statement of our financial policy, which we ask that you read and sign prior to treatment by one of our providers.

Forms of accepted payment:

We accept cash, personal checks, and all major credit cards, including CareCredit.

Commercial Insurance:

EJL Dental is not an in-network provider with any commercial insurance company, however, we will submit a claim to your insurance company. It is the patient's responsibility to present his/her insurance card with the insurance company name, address, and group and policy numbers as well as the subscriber's date of birth and employer name for claim submission.

Maryland "Healthy Smiles" program:

Our **pediatric** dental providers participate with the Maryland Healthy Smiles program. Once your child turns 21, they are no longer considered a pediatric patient under the Maryland Healthy Smiles program.

Payment Allocation:

Please be aware that some insurers/third party payers will forward payments directly to EJL Dental and others will forward payments to the subscriber. If you have dental insurance through **CareFirst or Delta Dental**, you will be required to make full payment at the time of the visit. **CareFirst and Delta Dental** will issue a check directly to the subscriber/patient.

Patient Responsibilities:

It is the policy of EJL Dental to collect payment in full at the time of service for the first visit to the office. We will then submit a claim to an insurance company at the patient's request. Any payment made to our office by an insurer for services provided during the first visit, will be refunded to the patient.

If partial payment is made by an insurance company, the patient is responsible for payment of the remaining balance. Every insurance policy is different and exclusions may apply to a particular service or treatment. The patient is financially responsible for full payment of EJL's

professional fee(s) regardless of any exclusions, denials or reductions by a commercial insurer or third party payer.

Missed appointment/late cancellation fee:

It is our policy to charge a \$50 fee for missed appointments or cancellations with less than 48 hours' notice. If a patient misses or fails to cancel an appointment, EJM Dental may discharge the patient from the practice with 30 days' notice after the third occurrence.

Self Pay Patients:

Patients with no dental insurance coverage or those who are insured through a dental health maintenance organization ("D-HMO") are required to pay all professional fees at the time of service.

Financial Authorization:

By signing below, I acknowledge and understand that I am financially responsible for all professional fees and charges for services rendered by Drs. Ensor, Johnson and Lewis. I hereby authorize EJM Dental to submit a claim on my behalf to an insurer/third party payer who may provide full or partial dental coverage for the services provided. I authorize payment directly to EJM Dental for any and all third party payer/insurance company benefits otherwise payable to me for services rendered. If my insurance company/third party payer does not remit payment within 60 days of service, I understand that the balance will become my financial responsibility. I have had the opportunity to ask questions about the above terms of EJM Dental's financial policy, and understand my financial obligations.

Collection of delinquent accounts:

Delinquent balances over 90 days old will be referred to a collection agency. All referred accounts are marked "inactive". If your account becomes assigned for collection, you will be responsible for a 25% collection fee, interest in the amount of 18%, court costs, and attorney fees as allowed by law.

PATIENT NAME

DATE

PATIENT/ GUARDIAN SIGNATURE

RELATIONSHIP (IF NOT PATIENT)