

# Family Smile Center, LLC

5950 Frederick Crossing Lane, Suite 201

Frederick, Maryland 21704

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familysmilecenter.biz

## About Financial Arrangements and Dental Insurance

Payment for services is due at the time services are rendered unless payment arrangements have been approved by our staff. We accept **cash, checks, MasterCard, Visa, Discover or American Express.**

We will be happy to help you process your insurance claim-form for your reimbursement. We may accept assignment of insurance benefits. We do offer financing options for those who qualify. Please see our Business Manager.

Returned checks are subject to a **\$35** penalty. Balances older than 30 days are subject to late fee of \$10 per month. Balances older than 90 days will be turned over to an outside collection agency and are subject to **ALL** additional collection costs incurred by this office. Charges may also be made for broken appointments and appointments canceled without 24 hour notice.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.

2. Our fees generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of "U.C.R.". "U.C.R." is defined as usual, customary and reasonable by most companies. This statement does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.

3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

***We must emphasize that as dental care providers, our relationship is***

***with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such a problem does arise we encourage you to contact us promptly for assistance in the management of your account.***

If you have any questions about this information or any uncertainty regarding insurance coverage **PLEASE** don't hesitate to ask us.

We are here to help you.

I have read and understood the above information.

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Signature

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Date