

Landmark Smiles  
810 Landmark Dr. Suite 114  
Glen Burnie, MD 21061

## OUR FINANCIAL POLICY

Thank you for choosing our office for all your dental treatment.

**Dental Benefits/Insurance/Copay:** We accept assignment of insurance benefits of most dental carriers. Our office will file all necessary forms and radiographs to your insurance company. We will obtain an **ESTIMATE** of your treatment total cost and your **ESTIMATED** co-payment. Your insurance policy is a contract between you and your insurance company which your employer has negotiated for you and your family. It's the patient's ultimate responsibility to pay for all costs of his/her treatment that is not paid/covered by their insurance carrier regardless of any reason this carrier may suggest. Our office adheres specifically to ADA (American dental association) codes for all procedures we claim reimbursement. Therefore any payment will be your responsibility to be paid at your initial visit. We do accept cash, checks and credit cards. If you any questions regarding treatment fees, please call our office to clarify any concerns. X\_\_\_\_\_

**Missed Appointments:** Please understand that an appointment has been reserved specifically for you with the Doctor and Staff to provide your treatment. To help us serve you and other patients in a timely manner, please arrive on time for your appointment that has been reserved for you. Any cancellation or rescheduling of your appointment requires a 24 hour notice and should be discussed with our staff. Unless this requirement is met a minimum charge of \$35 per 30-minute increments will be charged to your account, based on the amount of time reserved. X\_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party Name (printed)

\_\_\_\_\_  
Name of Patient (printed)

Do you have Secondary Dental Insurance?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ INITIALS