SENIOR smile
Namita K. Thapar-Dua, DDS
Providing Mobile Dental Care
Serving Maryland, DC & Virginia
301.875.7477

PATIENT FINANCIAL TERMS AND CONDITIONS

PATIENT NAME: _____

We are committed to providing you with the best possible dental care as well as customer service. If you have dental insurance, we are happy to assist you to receive your maximum allowable benefits.

In order to achieve these goals, we need your assistance, and your understanding of our payment policy. **WE DO NOT PARTICIPATE WITH ANY INSURANCE'S, WE ARE FEE FOR SERVICE PRACTICE.** Since we do not participate with your plan, it is your obligation to submit the claim to the insurance company for any reimbursement. However, our office will provide you with a walkout statement (aka "Superbill") from that day's visit to be submitted for your reimbursement's purposes.

It is your responsibility to fully understand the terms and conditions of your insurance regarding the procedures for the filing of claims, what dental procedures and treatments your insurance does and does not cover, what amount, if any, your insurance will pay for dental services, and what your reimbursements will be prior to seeing us (if this is a concern).

Unless otherwise agreed upon by the provider, payment for services is due at the time services are rendered. We accept cash, checks, and the following credit cards: Visa, Master Card, Discover and American Express.

Again, we will be happy to help you get reimbursement from your insurance company. Any such request must be requested in advance and within 6 months of that appointment in question.

Returned checks will be subject to a $35.00 bad check fee, and any outstanding balances older than 30 days will be subject to $10 late fee. Late fees of $10 will accrue every 30 days a bill is past due. Charges may also be made for broken appointments and appointments canceled without 24 hours' notice. In the unfortunate event collection procedures are required to collect an outstanding account balance, the patient shall be responsible for the reasonable cost (35% of the past due balance) of a collection agency, attorney, and/or court costs.

The undersigned hereby waives any defense he/she may have as to the Statute of Limitations barring future attempts to recover debts owed hereunder in the event of default.

We will gladly discuss your proposed treatments, charges and will answer any questions you may have at any time.

SENIOR smile
Namita K. Thapar-Dua, DDS
Providing Mobile Dental Care
Serving Maryland, DC & Virginia
301.875.7477

We do not participate with any insurances:

1. Your insurance is a contract between you and the insurance company.
2. We are not bound by the fee payment structure of your insurance policy.
3. Not all services are a covered benefit in all contracts. Some insurance companies cover certain services. These charges are your responsibility, so make sure the contract is clear.

Providing you with a walkout statement or Superbill to submit to insurance 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 problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information, PLEASE don't hesitate to ask us. We are happy to help you.

Below with my signature, I indicate that I have read, understand and do hereby accept the terms of this agreement for _____***(Patient Name)***.

Print Name of Patient/POA/Guardian: _____

Signature of Patient/POA/Guardian: _____Date: _____