

**GentleCare Dentistry, LLC**  
**Germantown, MD**  
**Financial Policy & Assignment Agreement**

- 1. INSURANCE ASSIGNMENT:** If you have insurance, your claim will be submitted for services rendered. Submissions are based on information supplied by you and confirmed by your insurance company. You acknowledge that it is your responsibility to know the limits and coverage of your personal insurance. You agree to authorize and assign insurance payments for such services to GentleCare Dentistry and authorize the release of private health information for treatment, reimbursement and billing purposes. You acknowledge that you are liable for any insurance payments that are not received by this office within 60 days of submission and agree to submit such payments upon receipt of notification by us.
- 2. INSURANCE CO-PAYS: All co-pays are due on initial date of service.** All amounts rejected or not covered by your insurance is your responsibility and you agree to submit such payment within 30 days of notice of rejection.
- 3. SELF-PAY PATIENTS:** Payment is due, in full, on the date of service. **ALL** requests for payment arrangements are handled through **CareCredit Financing**.
- 4. MISSED APPOINTMENTS:**
  - a.** We require **24 hour notice of cancellation** of your reserved standard appointment (50 minutes or less). Failure to give such notice will result in a **\$25.00** cancellation fee for each appt. missed. Repeated missed appointments may result in patient being placed on on-call status only
  - b.** For Major Restorative and Cosmetic Appointments (60 minutes or more): **48-hour notice of cancellation** is required. Failure to give such notice will result in a **\$50.00 cancellation fee**.
- 5. COSMETIC/PREMIUM APPOINTMENT PRE-PAYMENT:** For all Implant, Bridge, and Veneer cases, all fees and/or co-pays must be paid in advance **at the time that the appointment is scheduled**. If patient cancels at least 48-hours prior to the appointment and decides not to continue with treatment, a full refund will be given. If a patient does not cancel 48 hours prior to the appointment, and decides not to continue with treatment, a refund less the \$50 cancellation fee, will be given.
- 6. Balances:** Outstanding balances greater than 60 days will be assigned to a collection agency. A 30% collection fee will be added to the total amount due. Patient is responsible for any other collection/legal fees assessed by the collection agency.

**This agreement is valid for all episodes of care rendered by all providers associated with GentleCare Dentistry, LLC. You permit a copy of this agreement to be used in place of the original. By signing below, the patient, parent, legal guardian or responsible party consents to the services rendered and agrees to make all payments required as outlined above.**

\_\_\_\_\_  
**Patient Name (Printed)**

\_\_\_\_\_  
**Signature (Patient or Guardian if minor)**

\_\_\_\_\_  
**Date**