

**Payment Options
For
The Annapolis Center for Dental Health & Wellness**

The Annapolis Center for Dental Health & Wellness strives to offer convenient payment options while at the same time maintaining the high standard of comprehensive dental care that our patients deserve. At the onset of your treatment, we will provide you with an estimate of your total treatment costs. Our goal is to help you afford your dental choices.

Please understand that this will only be an estimate. Should the need for additional treatment arise during the course of the original treatment plan, the fees could change. Be assured that we will notify you of fee changes and obtain your approval prior to proceeding with treatment. Please take a moment to review the financial options offered and indicate your choice of payment.

- Plan A:** To demonstrate our appreciation for patients who are prompt with full payment by Cash or Check, we will extend a five percent (5%) reduction of the total fee for charges over \$125.00. If you have a dental plan, we will bill at the reduced fee.
- Plan B:** You may use your credit or debit card to make payment. We gladly accept MasterCard, Visa, American Express, and Discover.
- Plan C:** Payment can be made in installments for patients who are established with the practice and have a proven credit history. You can begin your treatment with an initial down payment of fifty percent (50%). The remaining balance may be divided into equal payments based on the number of appointments needed to complete the service.
- Plan D:** We are pleased to offer our patients another extended monthly payment plan option through a dental financing company called Care Credit. Please see one of our Financial Coordinators, Connita or Nikki, prior to treatment for more details and to receive a credit application.
- Plan E:** Our goal is to help you maximize your dental insurance benefits. As a courtesy, we are happy to bill your dental plan for services. Please remember that the contract itemizing your dental benefits is between you, your employer, and your insurance carrier. Regardless of coverage, your estimated co-payment is due in full the day of treatment. If your dental plan does not pay within 60 days of treatment, you must pay any outstanding balance and seek reimbursement from your dental plan. Also remember that dental insurance plans are not designed to cover all of your dental needs. Rather, the amount your dental plan contributes towards your dental care is based on the plan selected and purchased by your employer.
- Plan F:** For orthodontic care (Invisalign), payment can be made in installments. You can begin treatment with an initial down payment of thirty percent (30%) of the total cost of treatment. The remaining balance to be paid over the course of active treatment (varies per patient).

Again, feel free to contact one of our Financial Coordinators if you have any questions regarding the payment options described above. We thank you for trusting us with your dental care needs and hope that you will let us know if we can improve our service to you in any way.

I, _____, have chosen option _____ (above) and accept full financial responsibility for this account and for all dentistry performed upon my dependents in this dental office. I understand that it is up to me to confirm my insurance eligibility, waiting periods, and benefits. I also understand that this office cannot guarantee my insurance status in any of these areas. Any insurance estimate of information given to me by this office is not a guarantee of actual insurance payment. I also understand that any insurance claim not paid in full after 60 days will become my responsibility to pay at that time.

This contract is under seal.

Patient Signature: _____ (SEAL)

Date _____