

**Enterprise Dental Care
1211 ENTERPRISE RD
MITCHELLVILLE, MD 20721
301-249-3333**

PRACTICE PHILOSOPHY AND FINANCIAL POLICY

Our mission is to provide your family with the finest available Comprehensive, Family Dental Health Care. We aim to provide you with a relaxing visit utilizing comfortable, state-of-the art technologies. We have developed affordable services, when performed on a timely basis, can avoid more costly procedures later. For your convenience, please review our practice financial policy. This will provide you with clarity in the financial administration and payment of dental costs to the practice as you are treated. We want to take just a moment to explain some of the steps necessary in a successful dental health relationship.

DENTAL INSURANCE

At your first visit, we request payment-in-full at the time of service. If you have dental insurance benefits, we will gladly assist you with processing your claim. Often, insurance plans do not provide what is expected, do not provide us with covered fee information, and usually require a family deductible due in addition to benefits provided by your plan or insurance carrier. After we have had the opportunity to verify your plan coverage and benefits, we may be able to accept your insurance plan along with your co-insurance payment (usual co-insurance payment is 50% of your treatment cost) at the time of your visit.

APPOINTMENTS ARE DESIGNED SPECIALLY FOR YOU!!

We make a special effort to provide you and your family with a unique health experience. This involves reserving a specialized time for you and your family to receive premium care. Should you have to rearrange your appointment, please let us know 48 hours in advance. With the rising cost of health care, these scheduled times are very expensive. If you fail to keep your appointment WITHOUT advance notice, you may be responsible for a \$35. fee.

PAYMENT POLICIES

Payment is expected as treatment is rendered unless alternate arrangements have been made in advance with our treatment coordinator. We accept VISA, MASTERCARD, DISCOVER and PULSE CARD as well as Personal checks and Cash. A Senior Citizen Courtesy is extended when payment made at the time of service. If either of these methods can not be arranged in order to meet your expenses, we can assist you with financing through a third party financial services firm**, however, this must be in advance of your visit. **A nominal processing and application fee is accrued with a third-party financial firm.

WE ARE HERE TO PROVIDE THE BEST IN DENTAL HEALTH CARE FOR YOU AND YOUR FAMILY!

Practice policies assist us to keep the fees of dental care down and allow us to keep Family Dentistry AFFORDABLE. Preventive Care and a Good Family Partnership equals Total Dental Health. Please assist us as our partner by following our policies. Please speak to our Financial Coordinator if you have any questions. By signing below, you (patient/account guarantor) have read, understand and agree to be legally bound by this and all other practice policies. In the event that your account becomes uncollectible, the account guarantor agrees to be responsible for all collection fees in addition to the account principal balance including but not limited to reasonable attorney's fees and interest at the rate of 1.5% per month from the date of service until paid in full. The patient and account guarantor agree and affirm that all information provided is accurate and complete and agree to provide any information upon request in connection with health care services and dental benefit administration. The guarantor/insured agrees to assign and forward all dental benefits directly to the practice for the payment of the patient/guarantor's account.

Thank You and Welcome to Our Practice!

Dr. Christopher J. Doerrer and Practice Staff

Account Guarantor Signature

Date