

Patient Financial Policy

Thank you for choosing Dr. Park and Dr. Lindquist as your health care-providers. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc.). This financial policy helps the office provide quality care to our valued patients. If you have any questions or need clarification of any of the policies, please feel free to contact us.

Payment is due at the time of service – We will request that you make your payment on the date that the services are rendered. We accept cash, checks, credit cards, and debit cards. For our patients who are children, you will be required to send payment with whoever brings the child to the appointment.

Insurance is a contract between you and your insurance company. In most cases, we are NOT a party of this contract. We will bill your primary insurance company as a courtesy to you. The office, however, agrees to make reasonable and customary efforts to work directly with your insurance to obtain all available reimbursement from the insurance(s) for the service rendered. In order to properly bill your insurance company, we require that you disclose all insurance information, including, primary and secondary insurance, as well as any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including, but not limited, to those charges above the usual and customary allowance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately. **You will be responsible for paying balance in full when a claim is still unpaid after sixty (180) days.**

As a patient, it is in your best interest to know and understand your insurance plan benefits and your responsibility for any deductibles, co-insurance, or co-payment amounts prior to any visit. Not all services are covered or guaranteed of payment even if we receive a pre-determination of letter prior to the service. If your insurance plan does not cover a service or procedure, you are responsible for payment of these charges. While you may have insurance coverage to pay your medical bills, you are ultimately responsible for all charges.

Benefits and coverage rules and policies differ among insurers and even between different plans of the same insurer. If you go to out-of-network provider, your insurance company may only pay a percentage of the rates they determine are usual, customary, and reasonable (UCR) rates. Each insurance company determines its own UCR rates for different medical services. Please note that UCR rate set by an insurance company is considerably lower than the physicians' charge for services. You will be responsible for the amount of charges over the insurer's UCR plus your usual deductible and co-payment. If you are an in-network patient, we agree to accept your insurance UCR rates are the charge for our service.

The **charge for a returned check is \$25** payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount.

It is our office policy that all past due accounts be sent three notifications or 180 days have elapsed from the date of service. If payment is not made on this account and no resolution can be made, the account will be sent to a collection agency. However, we make every effort and do not send the accounts to collection while any insurance claims remain pending and until all effort to collect amounts remaining by the insurance are made. In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collection costs, including attorney fees and court costs. This will not be done until more than 180 days have elapsed until the services were rendered.

I hereby authorize Chevy Chase Implant & Oral Surgery to release information in the course of my examination and treatment to my other doctors and/or insurance carriers concerning me or my dependent's treatments and I hereby assign to the dentist all payments for his services rendered to me or my dependents. I understand that I am responsible for any amount not covered by insurance.

I permit messages to be left on my phone and/or mobile phone concerning my appointment.

I have read the above paragraphs and understand my financial responsibilities as outlined above. By signing below, I agree to the above stated terms and conditions.

Signature (Patient or Parent/Guardian if minor)

Date