



Fellow Academy of General Dentistry
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OFFICE FINANCIAL AND APPOINTMENT POLICIES

It is our intention to provide you and your family the best care at all times and to accommodate as many requests as it is realistic and feasible. It is within this context that we ask you to take a few moments to review policies that affect the way services are provided.

It's important to remember that your insurance coverage is a contract between your employer and your insurance company. Benefits and coverage vary significantly from plan to plan depending upon what your employer has agreed to with the insurer. Please keep in mind that insurance is not designed to provide 100% benefit, but rather is meant to assist in cost of dental care.

As a courtesy to our patients, we are happy to file claims on your behalf. To do this, you must provide us accurate and up to-date insurance information.

- Your estimated out-of-pocket expense is required at the time of service unless prior arrangements have been made.
- We accept Cash, Check, Debit Cards, Visa, MasterCard, and Discover.
- Once applicable insurance has paid, any remaining balance will be the responsibility of the patient due upon receipt of statement.
- Our office is committed to helping you maximize your insurance benefits. Because insurance policies vary, we can only estimate your coverage in good faith, but cannot guarantee coverage due to the complexities of insurance contracts.
- We recommend that all patients contact their insurance company to better understand their benefits and how claims will be processed. We will attempt to help you receive full insurance benefits; however, you are personally responsible for your account, and we encourage you to contact your insurance company if they have not paid within 30 days.
- Your treatment plan will include a breakdown of all applicable fees, and we will inform you of all cost before treatment is administered. If special arrangements are needed, please talk to our financial manager prior to receiving service.

Past Due Accounts: Overdue accounts will be referred to a collection agency if more than 180 days past due. If your account goes to collection, you agree to be responsible for all fees involved in the collection process.

Missed Appointments: Your scheduled appointment time has been reserved specifically for you. If you are unable to keep an appointment please notify us (even after hours) at least 24 hours in advance. Failure to notify us less than 24 hours before your appointment may result in a minimum broken appointment charge of \$25.00. If there are 3 rescheduled/cancelled appointments we will reserve the right to assess a \$50 charge fee.

I certify that I have read and understand the "Financial Policies" and agree to all terms and conditions as stated above. I certify that the information that I have provided is correct to the best of my knowledge. I understand that it is my sole responsibility to verify insurance coverage and I also understand that it is my responsibility to inform this office of any changes associated with my insurance status. I agree to make an in-full, prompt payment to John Savukinas, DDS, FAGD when billed for any and all charges not covered or paid by insurance. I hereby assign and direct to pay any and all benefits for dental services under this claim to this office.

Patient/Guardian Signature: _____ Date: _____