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Financial Policy

Welcome to our practice. As we want to have a healthy, positive relationship with you, we'd like to be very clear about our financial policies. The fundamental fact is that you are personally responsible for payment for services and care received here at our practice. Payments are due on the date care is provided.

Having dental insurance is beneficial and it will help you cover the costs of your care. It generally doesn't pay the entire fee so you will be responsible for the co-payment.

As a courtesy to our patients, we will submit directly to those insurance companies that will deal directly with us. For patients having those companies, the co-payment is due at time of service.

For patients with insurance companies that reimburse only the patients, full payment is due at the time of service. We will gladly submit your primary insurance for you provided you complete and sign insurance forms for each day of service.

Should a balance accrue on your account (after 30 days) a monthly 1.25% finance charge will be applied. If there continues to be an outstanding balance for an additional 30 days (or total of 60 days, or more), *in addition* to the 1.25% monthly finance charge, a \$3 billing fee will be applied to your account each time we are required to send you a monthly statement. Outstanding balances become zero days old at the time the insurance payment is received.

Our practice is dedicated to providing you with quality care. All that we require of you is that the information given us is complete and accurate, that you meet your financial responsibilities, and that you keep your scheduled appointments.

If this practice is ever required to seek legal counsel to collect fees, all costs incurred by the practice to collect outstanding fees are the responsibility of the patient and restitution is required in full.

I have read and agree with the above financial policy.

Patient or Guardian Signature

Date

