



HAVRE DE GRACE DENTAL

Christopher Nguyen, DMD

363 Green Street, Havre de Grace, MD 21078

Email: Havredegracedental@gmail.com Phone: 410-939-1177

OFFICE FINANCIAL POLICY ACKNOWLEDGEMENT

Welcome to Havre de Grace Dental! Thank you for choosing our practice for your dental care. We look forward to offering you and your family exceptional dental care.

Before treatment is performed, we will communicate treatment options and associate fees. This will allow you to fully understand your dental treatment needs, what to anticipate in fees, and allow you time to make the necessary financial arrangements. As such, **payment is due at the time services are rendered.**

For your convenience we accept:

- Cash
- Checks
- Visa
- MasterCard

Insurance benefits are determined by your employer, not by our dental practice. ***At no time should insurance benefits compromise your diagnosis or affect the best treatment option for you.*** Your insurance policy is a contract between you and your insurance company. Your insurance coverage and benefits are your responsibility. Remember that dental insurance is an allowance benefit set forth by your employer. As a courtesy, we will be happy to file your claim for you to your insurance. **However, insurance is not a guarantee of payment; it often does not cover all the costs involved in treatment. Therefore, you are responsible for payment for all services rendered.**

Any deductible or estimated co-payment amount will be due at the time of treatment.

For separated or divorced parents of minors, it is our policy that the parent or guardian who accompanies the child to our office for treatment is responsible for payment of all services rendered.

APPOINTMENTS: We are committed to respecting your time! ***WE ASK THAT*** you make every effort to keep the appointment time reserved exclusively for you. We understand there may be times when you are unable to keep your scheduled appointments; should you need to reschedule your appointment,

WE REQUIRE NOTICE OF AT LEAST 48 HOURS IN ADVANCE.

Payment plans and financial arrangements are available for comprehensive dental treatment. Please speak to us to make arrangements prior to commencing treatment.

I, _____, have read and understand these financial terms and appointment policies.

Signature _____

Date _____