

Periodontics, P.A.

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John R. Nitzell, DDS
Practice Limited to Periodontics
With Services in Implants

Bruce A. Winters, DDS, MSD
Practice Limited to Periodontics

OUR FINANCIAL POLICY

Thank you for choosing Periodontics, P.A. as your periodontal care provider. The charges for services reflect the quality of care that we provide and the costs to provide the care. This is our Financial Policy which we require you to read and sign so that you are fully aware of our payment requirements and to avoid any future misunderstandings.

If you do not have insurance, PAYMENT IN FULL IS EXPECTED AT THE TIME OF SERVICE, or arrangements need to be made before procedure.

If you do have insurance, the total cost of treatment remains your responsibility. Even if your insurance plan pays a portion of the cost of treatment, the balance remaining on your account is your responsibility and must be paid to Periodontics, P.A. If you cannot pay in full on the date of service, you may make payment arrangements if agreeable to Periodontics, P.A. We will send a billing statement concerning your account. If not paid in 30 days, the account is past due.

We accept cash, checks, and credit cards (Visa, MasterCard, American Express and Discover).

Although we participate with many insurance programs, it is difficult to know all changes that occur periodically to every policy. We urge you to review the terms and limits of your insurance policy. Please remember your insurance policy is between you and your employer or insurance carrier, and NOT between the insurance company and your dentist.

If your insurance requires it, you must provide a referral form from your primary care dentist. In addition, you must keep this office informed of any changes in your insurance coverage. We require a copy of your insurance card on file and we must have the responsible party's Social Security number and Birth Date in order to file insurance claims and to provide treatment.

If you do not make payment, Periodontics, P.A. will forward your account to its attorney. You (or the responsible party) agree: (1) that any court action to obtain a judgment or to collect may be brought in Washington County, Maryland; (2) that you submit to the jurisdiction of the state courts in Washington County, Maryland; and (3) that in addition to the amount due, you will pay all court costs, all service fees, and attorney fees equal to 15% of the amount due.

Please contact us at 301-797-7410 if you have any questions or concerns.

I have read and understand the Financial Policy and agree to the terms:

Date

(Signature of patient or responsible party)

(Printed name of patient or responsible party)