

The Offices of Dr. Joseph F. Mullen and Dr. EJ Stringer
196 Thomas Johnson Drive, Suite 200
Frederick, MD 21702
301-663-5550
contactus@frederickgeneraldentistry.com

PAYMENT POLICY

ALL PAYMENTS ARE DUE AT THE TIME SERVICES ARE RENDERED

PAYMENTS ARE THE RESPONSIBILITY OF THE PATIENT AND/OR PATIENT'S LEGAL GUARDIAN

1. Please present all insurance information to the receptionist when you arrive at the office.
2. We will submit the appropriate forms to the insurance provider, however, the patient and/or legal guardian is responsible for any and all expenses not covered by the insurance provider. The estimated payment, not covered by insurance, shall be paid when services are rendered.
3. Payments not received by the insurance company within 60 days from date of service, will become the responsibility of the patient and/or legal guardian.
4. If the patient requires financing, we will provide the patient with information to obtain financial assistance through an outside credit provider. This financial service is in no way affiliated with this practice and we do not guarantee approval of financing or amount of funds approved by the lending institution.
5. In the event treatment requires service and/or equipment from suppliers outside of this office; i.e.: crowns, bridges, dentures, orthodontics, etc., we reserve the right to request 50% down payment for these services prior to treatment.
6. We reserve the right to refer all unpaid balances in excess of 90 days to our legal representative for collection purposes. Patient and/or legal guardian agrees to pay all costs associated with collection of this debt, including but not limited to: collection fees, legal expense and/or court costs.

MISSED AND/OR CANCELLED APPOINTMENTS

We reserve the right to charge a service fee in the amount of \$60 for any missed appointments and/or appointments cancelled with less than 24 hours notice from time of scheduled service.

I have read, understand and accept the payment policy as stated above.

Patient Signature Date

Legal Guardian Signature Date

Printed Name

Printed Name