Care Soft Dental
FAMILY & COSMETIC DENTISTRY

15204 OMEGA DRIVE
SUITE 140
ROCKVILLE, MD 20850
301-869-7733

NON-PARTCIPATING OR NO INSURANCE AGREEMENT

You have chosen to be seen here today without insurance or with insurance we do not participate with. Please be aware that payment is due when services are rendered. We will be happy to provide you with the necessary information so you can file a claim for reimbursement with your insurance. The insurance will mail the payment for reimbursement directly to you.

Should my account become delinquent, I will assume all additional collection costs and legal fees. Including a finance charge of 1.5% per month or (18% annum) may be charged to my account. Accounts having a balance over 90 days will be turned over to a collection agency and a processing fee of $300 will be incurred. Checks that are returned to our office from your financial institution are subject to a $20 returned check fee.

We are here to serve you and your family. This financial policy helps us keep the cost of administering dentistry affordable for you. Please assist us, as a partner in your dental health, by following our policies, and let us know if you have any questions or concerns.

I, (<<patient_full_name>>) also agree that anything I sign electronically in the offices of Care Soft Dental is a binding legal document and can be used, if necessary, in a court of law. I am aware that once my electronic signature is affixed to any binding agreement it cannot be changed, deleted or altered in any way by myself or any office staff. I am also aware that I may obtain a copy of any binding agreement electronically signed in this office with my signature affixed, upon request.

Care Soft Dental reserves the right to charge $50 for appointments cancelled without 48 hours notice, $25 for every 15 minutes late to an appointment, anything over half hour may need to be rescheduled, and $100 dollars for each missed appointment.

I have read and understand the above statements.

Signature:

Relationship to patient:
Date: