



# ABIODUN ADESANYA, D.D.S., P.C.

## GENERAL DENTISTRY

6911 Laurel Bowie Road, Suite 204, Bowie, MD 20715

301-464-1800

www.bowiedentist.com

### *Financial Policy*

Thank you for choosing us as your family dentist. We are committed to your treatment being a positive experience. After the examination and diagnoses, a complete treatment plan will be discussed along with an estimate of your financial obligation.

All of our patients are required to complete our new patient packet before seeing the doctor.

#### *Accepted Payment Choices*

Full payment is due at the time of service (including any copayments).

We accept cash, checks (from established patients), Discover, Visa, Mastercard & American Express.

For those patients who require another payment option and who qualify, we offer Care Credit - A health care credit card. This plan offers up to 12 monthly payments free of interest. There is also a low interest extended payment plan available thru Care Credit for those who qualify.

For all returned checks, a fee of \$30 will be charged to cover bank charges.

#### *Regarding Insurance*

It is our policy to assist you in the completion of your insurance forms. We accept assignment of insurance benefits from both primary and secondary insurances. **Your insurance policy is a contract between you and your insurance company. We are not a party to this contract.** We are not required to verify your coverage with your insurance company. It is the patient's responsibility to know their coverage. As a courtesy we will attempt to verify your insurance on the date of service. If your insurance company has not paid your account in full within 60 days, you will be responsible for the unpaid balance. Please be aware that some services are not covered based on your employer's contract with your insurance company.

#### *Usual and Customary Rates*

Our practice is committed to providing the best treatment for our patients and our charges reflect the quality of care we provide. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customer rates.

#### *Missed Appointments*

Please help us serve you better by keeping scheduled appointments that have been reserved for you at your request. Unless cancellations are received 48 hours in advance, a minimum of \$35 will be charged to your account. The amount is based upon the amount of time reserved.

Signed: \_\_\_\_\_  
(By patient, parent, or guardian)

Date: \_\_\_\_\_