

The Washington Dental Studio
William L. Ebbs, DDS
1234 19th St NW Suite 100
Washington, DC 20036

STATEMENT OF OFFICE POLICY AND PATIENT RESPONSIBILITIES

We believe in the importance of quality dental care, and we strive to provide the best dental treatment possible.

Appointments:

Once an appointment has been made it is your responsibility to keep that appointment. Please remember that time has been reserved for you. There is a minimum charge of \$50.00 for each broken appointment with less than 48-hour notice.

Patient Payments and Insurance:

We understand that financial limitations influence your choice of care. We want to assure you of our flexible approach to financing. There is normally some form of payment due for each and every visit.

We work with most insurance companies and always try to maximize your coverage through meticulous detailing of procedures and interaction with your insurer. If you are a member of a PPO insurance, a co-insurance payment is required for each procedure and/or treatment. This is determined by a percentage that is established by your insurance carrier.

If for any reason, your insurance carrier does not pay the balance in full, you the patient are responsible for the balance on your account. You may contact your insurance carrier at anytime to assist with determining your estimated benefits. We're available to answer any questions we can.

Please remember, however, that you are responsible for the portion of your treatment not covered by insurance. Because we, too, must balance our finances, we do ask that you pay your portion of the bill at the time of treatment. If you qualify, we'll work with you to devise a method of payment that works for both of us.

To assist you with your dental care investment, we provide the following payment options:

1. Cash-includes money orders and checks. We are happy to offer a 5% prepayment courtesy for all treatment paid in full 3 days prior to treatment (500 minimum, cash or credit).
2. All Major Credit Cards-MasterCard, Visa, Amex, Discovery, and Flex Spending.
3. Flexible Financing Options that allow you to pay overtime with convenient low minimum monthly payments. - CareCredit, Chase Health Advance, and Dental Fee plan.

Refunds:

Any refunds must be made in writing, with specific reasons as to why refund is being requested. The request will be reviewed by the doctor then will be subject to certain terms and conditions.

Collections:

After 60 days all delinquent accounts will be referred to a collection agency and the patient or guarantor of the account will be responsible for all collection fees, court costs and attorney fees associated with the collection of the account. A \$50.00 return check fee will be assessed on all returned checks.

Consent:

The undersigned hereby authorize the Doctor to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by the doctor to make a thorough diagnosis of the patient's dental needs. I also authorize the Doctor to perform any and all forms of treatment, medication, and therapy that may be indicated. I also understand the uses of anesthetic agents embodies certain risks. **I understand that my dental insurance is a contract between the insurance carrier and myself, not between the insurance carrier and the Doctor or Dental Office and that I am still fully responsible for all dental fees.** I also assign all insurance benefits to The Washington Dental Studio (Dr. William L. Ebbs). Any payments received by the Doctor from my insurance coverage will be credited to my account or balance. I understand that were appropriate, credit reports may be obtained.

We hope that you find this information useful. Rest assured that we are here to help make quality dental care obtainable for all. We look forward to working with you to achieve excellent dental health.

Signature of Patient of responsible Party

Date

Yearly Update: _____