

# Duckett Dental Associates, P.A.

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## Our Financial Policy

Thank you for selecting us as your family dentists. We are committed to you treatment being a positive experience.

Full payment is due at the time of service is rendered. For your convenience, payment options include:

CASH

CHECK

MASTERCARD

VISA

**Minors:** Minors must be accompanied by a parent or guardian for all appointments unless written consent is obtained. The adult accompanying the minor is responsible for full payments.

**Broken or Failed Appointments:** Your scheduled appointment has been reserved at your request. Unless cancellations are received at least 24 hours in advance, a \$20 fee per each 30 minutes of missed appointment time will be charged to your account. This advance notice is required to enable us to offer time to another patient in need. Please help us avoid charging a fee by keeping your scheduled appointments.

**A \$25 fee is charged for all returned checks.**

### **THE FOLLOWING APPLIES TO THOSE PATIENTS WITH DENTAL INSURANCE**

If at your first appointment we are unable to verify your dental insurance, or cannot obtain your list of benefits, full payment is due at the time services are rendered.

Patients are to pay their deductibles and the estimated co-payments at the time treatment is rendered. A refund check will be mailed to the responsible party if the insurance carrier pays more than was estimated.

While filing insurance claims is a service we extent to our patients, we must emphasize that as dental providers, our relationship is with our patients – not the insurance company. In the State of Maryland, insurance companies are required to send payments within 30 days. If a full payment is not received from your carrier within 60 days, the balance becomes your responsibility and is subject to a billing fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient, Parent or Guardian