

**Tender Dental Care**  
10903 Indian Head Highway Suite #202  
Fort Washington, MD 20744  
(301) 203-3944

## Appointment and Payment Policies

Please read the following carefully and sign below accepting our policy. Thank You:

### Appointment Policy:

We are aware of the busy times and tight schedules we are all forced to live these days. To avoid having your schedule interrupted we strongly encourage you to schedule your appointments ahead of time. By scheduling before you leave the office we will reserve the date and time that is most convenient for you.

We also understand that emergencies arise and pain does not wait. When such an emergency occurs please call our office immediately. We will do our best to accommodate you with an appointment the same day to evaluate your emergency and do whatever we can to alleviate the pain until the appropriate treatment can be scheduled and performed. We ask that you kindly understand that as an emergency patient you may have a wait once arriving as we are trying to accommodate your needs as well as the needs of those patients with scheduled appointments.

Once you have scheduled an appointment please remember our reminder calls are only a courtesy, we will attempt to reach you, but please do not rely on our call. It is your responsibility to remember and keep your appointment.

We respect your time and expect the same respect from our patients. Our practice is growing rapidly and our schedule is very busy. Please understand that if you have to change an appointment you may have a delay of up to 4 weeks in order to get another appointment at your desired time or possibly longer as our early morning and end of the day appointments may be more difficult to get as they book more quickly. **Please keep in mind that there will be a charge of \$32.00 per half hour of scheduled time for broken or cancelled appointments with less than 48 hours notice.**

If you arrive more than 15 minutes late for your appointment please be aware that we will try to accommodate you based on our schedule, However we may not be able to see you and may ask you to reschedule your appointment. Please understand that without this policy we would not have the necessary time to treat your needs or the needs of the person who follows your time slot.

### Payment Policy:

Payment and/or assignment of insurance benefits are due at the time of visit. We will gladly file a claim with your insurance company as long as you have provided us with all the necessary information regarding your policy. Please keep in mind that all estimated co-pays are due at the time of service and must be paid by cash, check, or credit card. **Please also keep in mind that we can only ESTIMATE what benefits will be paid by your insurance company. Submitting a claim is not a guarantee of payment from your insurance company, please be aware that any charges not paid by your insurance company will become your responsibility.** We will assist you with any questions or issues you may have with your insurance company but ultimately the responsibility is yours. If after 60 days, your insurance company has not paid our office, you must pay the balance, in full.

We understand that unplanned dental treatment expenses can be financially overwhelming. Our goal for our patients is to achieve healthy teeth and gums and we do not want financial issues to become an obstacle for you. If you need to make special arrangements for payment please discuss that with us prior to beginning treatment to avoid any confusion or delay in treatment.

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Signature of patient or responsible party

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Date