

Henrik L. Anderson, DDS

269 Peninsula Farm Road, Suites A, B & C  
Arnold, Maryland 21012

## **Financial and Insurance Policy**

### **Payment for Service:**

Patients must pay all financial obligations on the date of service.

Patients covered by insurance accepted in our office must assign benefits to Dr. Henrik L. Anderson. We will provide an estimate of your co-pay and collect the portion at the time of the appointment. **We Estimate your responsibility as closely as possible, however until we receive correspondence and/or payment from your insurance company,** it is just an estimate. **Ultimately, the responsibility lies with you, the patient.** We do our best to obtain payment from the insurance company; however, if your claim is not processed and paid within 90 days, you will be responsible for the balance in full. A Billing statement will be sent out which you will be responsible to **remit payment** within two weeks of the statement date.

We accept cash, checks, Visa, MasterCard, Discover and American Express. At this time, **we do not offer "in house"** payment plans. However, we do offer Care Credit, an outside healthcare financing program that offers interest-free payment plans upon approval.

### **Broken and Failed Appointments:**

As a courtesy, you will receive a call, text, and/or email to remind you of your scheduled appointment. If you need to cancel your appointment, please notify us at least 24 hours in advance. Cancellations with less than 24 hour notice will incur a fee of \$50.00.

**Dr. Anderson and the staff believe that clear communication of, and agreement or patient responsibility is an integral part of caring for our patients.**

I have read the policy and agree to accept terms stated above.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Patient/Responsible Party \_\_\_\_\_