

PENINSULA
Periodontics & Orthodontics



Statement of Policy

Dear Patient:

We are pleased that you have chosen us to provide you with dental care. Our goal is to provide you with the care and treatment you need in an efficient, cost effective and friendly manner. You should be aware of our office policies so that your treatment can be accomplished and completed to the mutual satisfaction of us all.

1. The patient is entitled to discuss and ask questions about treatment at any time. We believe that it is important for the patient to understand the treatment, as he or she will be an important part of the treatment through home care. Our treatment is rendered according to a schedule of fees which may be amended over time.
2. For best results, our services may consist of periodic treatment of procedures rendered by us, along with a regular program of general dental care and regular performance of recommended home care by the patient.
3. The patient will be requested to complete a dental/medical history form for us. It is important that any such form be accurately completed for the patient's safety and to better determine the appropriate course of treatment.
4. In order to make better decisions as to what treatment should be rendered and what medications and procedures should or should not be used. We would like an authorization which will allow us to get the patient's records from the general dentists and/or any dental specialist who has treated the patient. If it appears such records may be helpful.
5. It is essential for safety that the patient informs us of any health problem(s); condition or allergic reaction that we should consider before deciding what treatment is appropriate or before prescribing medication. With each visit to our office, the patient should inform us of newly developed or discovered health conditions, medical treatment and medications which have caused allergic reactions.
6. Payment is expected for treatment at the time treatment is rendered, unless specific arrangements to the contrary are discussed and agreed to.
7. As a convenience to our patients, we sometimes apply their dental or medical health insurance plan which may pay for some or the entire bill, but the patient is ultimately responsible for the full amount of the bill for our services and treatment rendered to you, regardless of any insurance payments on the patient's account.
8. Invoices and bills of treatment will bear interest at the rate of 18% per annum (1.5% per month) 30 (thirty) days after the date of treatment until fully paid. If payment is not made as agreed upon, the account will be turned over for collection. The patient, and/or guarantor, shall be responsible for and agree to pay all reasonable costs of collection including, but not limited to, reasonable collection agency fees, attorney's fees, and court costs. If any suit must be filed to collect an unpaid balance on an account, patient, and/or guarantor, agrees that such suit may be brought in courts of Wicomico County, Maryland, and waives any objection to jurisdiction or venue.
9. If the patient does not abide by the above policies, we reserve the right to terminate treatment.

Stewart I. Perim, DDS, MS

Maria L. Perez-Mera, DDS

I hereby request treatment by Peninsula Periodontics and Orthodontics and agree to the policies stated above.

Signature

Date

Parent/Guardian

Date