South Mountain Dental, LLC
301-432-4322
info@southmtndental.com

Financial Policy

effective 12-9-2025

708 Chase Six Blvd
Boonsboro, MD 21713

Missed Appointments & Cancellations:

Please give our office at least 48 hours' notice for any cancellations. If we do not have at least 48 hours notice, we may charge a $75 Missed Appointment and Cancellation fee. The fee will need to be paid before a new appointment can be scheduled. If you miss/no show for 3 appointments, you may be asked to transfer your records to another dental office.

Insurance:

Our goal is to maximize your insurance benefits. Although we are in-network with some insurance plans, your dental insurance is a contract between you and your insurance company. We are not a part of this contract. We will bill your insurance as a courtesy to you. Although we estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and payment. You agree to pay any portion of the charges not covered by insurance for receiving services.

Payment Options, if you have no insurance:

1. You must pay (by cash, check, or credit card) your total cost at the end of any appointment in which services are rendered.
2. You may pay in full in advance. Since it requires less administration on our part, should you choose this option we will extend a 5% discount on the amount you pay in advance.
3. We offer special financing through CareCredit. CareCredit offers 6 or 12 month deferred interest plans or extended plans with interest. Information is available at www.carecredit.com or by contacting our office.
4. We may offer you an automatic payment plan, at our discretion.

Payment Options, if you have insurance:

1. You must pay (by cash, check, or credit card) your deductible and any out-of-pocket estimates at the end of the appointment at which services are rendered.
2. You may pay in full in advance (or your estimated co-payment if part of your treatment is covered by insurance). Since it requires less administration on our part, should you choose this option we will extend a 5% discount on the amount you pay in advance.
3. We offer special financing through CareCredit. CareCredit offers 6 or 12 month deferred interest plans or extended plans with interest. Information is available at www.carecredit.com or by contacting our office.
4. We may offer you automatic payment plans, at our discretion.

Monthly Statement:

If you have a balance on your account, we will send a monthly statement. It will show the previous balance, any new charges to the account, and any payments/credits applied to your account during the month. Unless we have agreed to other arrangements, the balance on your statement is due within 30 days of the statement date.

Returned Checks:

There is a $20 fee, subject to change, for any checks or automatic payments returned by the bank.

Past Due Accounts:

If your account becomes past due, we will take all necessary steps to collect this debt. This may include referring your account to a collection agency. If we must refer your account to a collection agency, you agree to pay all collection costs incurred. If we must refer collection of the balance to a lawyer, you agree to pay all lawyers' fees incurred plus all court costs. In case of suit, you agree the venue shall be in Washington County, Maryland.

Patient's Name: _____

Responsible Party (if not the patient): _____

Signature: _____ Date: _____