

THE MOBILE DENTIST

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THE MOBILE DENTIST FINANCIAL POLICY

As a courtesy, our staff will complete and submit dental insurance forms; however, **we do not accept dental insurance for payment.** ____ initials

A \$200.00 deposit is required to reserve your appointment, the balance of the appointment fee will be charged upon completion of treatment. The deposit fee is **fully refundable if cancelled with 48 hours' notice.** ____ initials

If for any reason the patient refuses treatment the facility does not have the patient available for the appointment or another patient commitment interferes with the dental appointment, except for a documented medical emergency, a **\$200.00** broken appointment fee will apply.
____ initials

Please notify the facility staff that your family member has a dental appointment scheduled, please record the name of the person that you have notified concerning this appointment. ____ initials

The new patient dental appointment includes:

Comprehensive dental examination, oral cancer screening, periodontal(gums) evaluation, x-rays and diagnosis, treatment plan, basic dental cleaning, and a topical fluoride treatment.

The fee for this treatment is \$440.00

Re-care appointment fee: \$400.00

We accept Visa, Discover and MasterCard for our services.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____