



104 FORBES STREET, SUITE 104
ANNAPOLIS, MD 21401
(O) 410.268.4945
(F) 410.268.0426
www.leighfamilydentistry.com
leighfamilydental@gmail.com

ROBERT A. LEIGH, D.M.D.

JEFFREY S. LEIGH, D.M.D.

**TO MAKE YOUR VISIT WITH US MORE COMFORTABLE WE WOULD LIKE
TO INFORM YOU OF OUR FINANCIAL POLICY**

Please call your insurance carrier and obtain your dental benefits. We would like to highlight a misconception: dental insurance is not designed to pay for all of your dental care. Most contracts have yearly limits, treatment limitations and/or various degrees of "co-payments".

As a courtesy our office will submit claims to your primary insurance carrier. We do not submit to secondary carriers. Levels of payment by insurance companies are governed by the premiums paid. They have nothing to do with the actual fee for the services rendered. Our fees are based upon the highest quality of dental care. There is often a discrepancy between the amount covered under your policy's UCR schedule, and the actual cost of the procedure. The discrepancy is the patient's responsibility. Please understand the dental insurance contract is between the insurance company and the patient.

Co-payments are due at the time of service, these are estimated to the best of our ability. Please notify our office of any insurance changes. If we do not have the proper information, you will be responsible for the services.

If your insurance denies any of the charges you incur, the balance is your responsibility. If your account is sent to collections you will incur the fees.

We do not charge a broken appointment fee, so please be courteous and give our office 24 hours notice if you are not able to keep your scheduled appointment.

Please give our receptionist your current insurance card, employer information and any other contact information. Take the time to review your insurance policy's nuances thoroughly so that we may best serve you. You may feel free to ask any member of our staff for clarification on services, billing and insurance. We are here to help you.

Signature: _____ Date: _____