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FINANCIAL AND INSURANCE POLICY

Effective 01/05/2026

Thank you for choosing Dr. Harvey Levy & Associates as your dental practice. We've been striving to keep our fees fair and reasonable since opening our doors in 1980. You assist that effort when you pay at the time of service.

This practice will make every effort, to the best of our knowledge and ability, to inform you of your treatment options and associated fee ranges. Treatment Plan Coordinators are available to assist you upon request.

PAYMENT

Payment is required at the time of service. To make payments convenient for you we accept cash, debit card, ACH, paper check, all major credit cards, money order, and third party financing through Cherry and through Care Credit.

The practice is authorized to disclose portions of the patient's dental record to the extent necessary to determine liability for payment and to obtain reimbursement.

DENTAL HEALTH CLUB

If you are a self-pay patient (not covered by an insurance plan with whom we're in-network), we can offer discounted fees through our Dental Health Club.

The terms on the Membership Enrollment you sign(ed) will govern the financial aspects of your agreement with us. No other discounts apply.

FAMILY ACCOUNTS

Families sharing dental insurance(s) must be on a family account. The family account balance will show a single account balance that includes all family members. Personal payments will be applied to the overall family balance, not to individual balances. Balances owed and refunds due will be reconciled once all claim payments for the family have been received.

INDIVIDUAL ACCOUNTS

Adult patients may choose to have an individual account not associated with other household members if dental insurance(s) are not shared.

DENTAL INSURANCES

The insurance policy is a contract between you and the insurance company. It is our pleasure to assist you in maximizing your insurance benefits, and as a courtesy, we will file your dental claims for you.

It is important that you understand that in most cases your dental insurance is designed to reduce your cost, NOT eliminate it completely. You are ultimately responsible for the full amount of your bill, regardless of your insurance coverage.

As it is impossible for us to know the details of every insurance policy, our estimate may differ from the actual coverage, and your account will be adjusted accordingly when your claim is paid. Please read your policy carefully and become familiar with its benefits and limitations.

All patients who have dental insurance are expected to pay 100% of their deductible and copayment at the time of service. Any difference will be promptly billed or refunded after the final insurance payment has been received.

VALID INSURANCE CARDS

- If you do not provide a **valid** insurance card at each visit, you will be held responsible for all services and charges.

IN-NETWORK DENTAL INSURANCES

- Please check with your insurance company to ensure that Dr. Harvey Levy is on your list of providers.

OUT-OF-NETWORK DENTAL INSURANCES

- If you have dental insurance that we're not in network with, we will submit the claims on your behalf. Your co-payment will be determined depending on the assignment of benefits within your plan.

DUAL DENTAL INSURANCES

- If you have dual insurance and correct information is provided to our office, we will be happy to submit your second insurance after your first insurance has paid its portion. Additional insurance plans after the second are the patient's responsibility to file.

UNPAID ACCOUNTS

If your dental insurance determines that you have a balance due, you will be billed following receipt of your EOB. Payment is expected upon receipt of the bill, and can be made electronically, by phone, or by mail.

If your account is not paid within sixty (60) days, additional steps to collect the overdue balance will be taken, including your account being forwarded to a collection agency (see separate form). If legal action has to be initiated to collect your overdue balance, you agree to be responsible for reasonable attorney fees and court costs.

Patients who have made arrangements under a prior financial policy and who are still carrying balances may NOT add to their existing balances. Any new work must be C.O.D. (cash on delivery of service) in addition to monthly payments on the old balances.

REFUNDS

All refunds will be made by paper check only and must be picked up at our office. We do NOT mail refund checks. If your dental insurance pays more than expected, any type of courtesy extended will be reversed to zero out your account before you receive your refund.

EXCLUSIONS FOR DISCOUNTS

If you are covered by dental insurance, are using Cherry or Care Credit, or are a member of our Dental Health Club, the Senior Citizen Courtesy Discount and the Cash Discount for Self-Pay Patients are NOT applicable.

SENIOR CITIZEN COURTESY DISCOUNT

Patients 65 or over may claim a 5% Senior Citizen Courtesy discount on payments made on the day of service. See exclusions above.

CASH DISCOUNTS FOR SELF-PAY PATIENTS

If your expense for dental treatment on a given day is greater than \$3,000 you may claim a 5% discount as long as payment in full is received on, or prior to, the day of service, and is paid in cash, check, or ACH. See exclusions above. Not applicable together with the Senior Citizen discount.

DOWN PAYMENTS FOR APPLIANCES

At the start of cases requiring appliances (bridges, crowns, dentures etc.) we require a down payment of at least 50% of your anticipated portion of the treatment to cover the lab fee, with the remaining patient portion due at delivery.

OPERATING ROOM AND OFF-SITE CASES

All estimated fees and copayments must be paid two weeks prior to the treatment date. Anesthesia and facility fees are billed directly by the facility. Any questions regarding insurance billing, co-pays or remaining balances should be directed to the facility and not our office.

RETURNED CHECKS

Any check or ACH returned to our office is subject to an additional clerical fee of \$45.00. Immediate remittance of the amount due plus the clerical fee, in the form of cash, money order, or credit card, is expected.

MISSED APPOINTMENTS

We ask that you let us know that you need to reschedule by 4 PM one business day in advance of your appointment. When time has been reserved for you and you do not keep your appointment a minimum overhead fee of \$100 may be charged to your account. If a fee is assessed, you will be required to pay that fee in order to reschedule.

DEPOSIT

To secure an appointment you may be asked to make a deposit, which will be applied toward the cost of your treatment. The deposit may be forfeited if you miss your appointment per the paragraph above.

RESCHEDULING OR RUNNING LATE

It is crucial that you arrive on time for your appointment. Please text us at 301-719-2946 or call us at 301-663-8300 ahead of your appointment time if you are not feeling well or running late. Should your appointment need to be rescheduled, missed appointment fees may apply.

DISMISSAL

If you miss multiple appointments or engage in behavior that is violent, abusive, disruptive, rude, or discriminatory towards one of our team members or another patient, you may be dismissed from our practice. You will still be responsible for any remaining balances and fees.

QUESTIONS OR CONCERNS

If, at any time, you have a question about this policy or your account, please do not hesitate to contact one of our Front Desk Coordinators for assistance.

We are pleased to be your dental provider, and thank you for your trust and cooperation.

PATIENT: I have read the two pages of the policy and agree to be bound by these terms.

(My Name, Printed) _____ (My Signature) _____ (SEAL) _____ (Today's Date)

GUARANTOR OR OTHER RESPONSIBLE PERSON: I have read the three pages of the policy and agree to be bound by these terms.

(Patient's Name) _____ (My Name, Printed) _____ (My Signature) _____ (SEAL) _____ (Today's Date)