



**WELCOME...** as a new patient to our practice, we would like to welcome you. If you are an established patient, we want to thank you for the trust you have placed in three generations of McCarl dentists.

**INSURANCE... IMPORTANT:** We recommend that you contact your insurance company for benefit information as all policies differ. The McCarl Dental Group is not a preferred provider under any insurance plan; however, as a courtesy to our patients we will submit claims to all insurance companies. Please be prepared to put a percentage of your visit down along with your deductible. Once your insurance has paid its allowable amount you will be billed for the remaining balance.

\*If your insurance pays the subscriber of the policy directly, we ask that payment be made on the date of service unless financial arrangements have been made in advance.

**PAYMENT...** We feel that everyone benefits when definite financial arrangements are agreed upon. For your convenience we offer several financial arrangement options. We accept personal checks, cash, Visa, MC, Discover and American Express. We also offer affordable payment plans through Care Credit.

**APPOINTMENTS/CANCELLATIONS...** For your convenience we offer office hours Monday through Friday, with Saturday morning hours in our Greenbelt location and some Saturday mornings in our Millersville office.

*Please remember that our office has a **\$50.00 CANCELLATION FEE** for appointments that are **missed or cancelled with less than 24 HOURS NOTICE**. This fee is the patient's responsibility and cannot be forwarded to your insurance company. The fee **MUST BE PAID** prior to the next scheduled appointment. Initials*

**PATIENT CONFIDENTIALITY...** Our office is in compliance with the Federal "HIPAA" Health Insurance Portability and Accountability Act. We will not share your information with anyone other than your insurance carrier, pharmacist or other dental specialist.

**PREFERRED METHOD OF COMMUNICATION FOR APPOINTMENT REMINDERS...**

Home: \_\_\_\_\_  Mobile: \_\_\_\_\_  Email: \_\_\_\_\_

I have read and understand the above policies.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature (or guardian signature)

**www.mccardental.com**

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