

Harvey I. Sherman, D.D.S., P.A.
184 Thomas Johnson Drive, Suite #202
Frederick, Maryland 21702
301-663-1747

Thank you for choosing us as your dental care provider. To ensure that all of our patients are treated fairly and openly, we have instituted the following Patient Policies. **Please read and sign this statement prior to treatment.**

Unless you are a member of one of our accepted insurance plans, full payment is due at the time of service. We accept cash, check, Visa, Master Card, American Express and Discover.

As a patient of Harvey I. Sherman, D.D.S., P.A. I understand it is my responsibility:

To provide accurate and complete information regarding my medical needs, medical history, medications, demographics, and health insurance, and to report any changes in these areas to the proper office personnel.

To provide proof of identification (driver's license) and current insurance formation prior to or upon arrival of your appointment. (Parent's information if the patient is a minor).

To provide 24 hours notice when canceling an appointment. I understand that I will be charged a cancellation fee at the rate of \$30.00 per 30 minutes.

I will be charged a fee of \$20.00 for copying any dental records and/or radiographs in order to transfer to another practice.

I realize I am responsible for any unpaid balances that my insurance may not cover for procedures.

I understand there is a fee of \$30.00 for any returned checks due to insufficient funds.

We would like to thank you for taking the time to read our policies.

Signature of Patient or Responsible Adult/Date

Printed Name