

INSURANCE AND FINANCIAL POLICY OF GRANDVIEW DENTAL

PRINT NAME: _____

We are committed to providing the best possible care while maintaining fees at a reasonable level. To accomplish this, the following financial policies have been developed.

IDENTIFICATION

This office requires a photo ID to be added to your chart.

PAYMENT

Full payment or co-payment is expected at the time of service. For your convenience, we accept cash, personal check, American Express, Visa, Mastercard, and Discover.

INSURANCE

As a service to our patients, we will submit your insurance claims. Most contracts have limits and co-payments based upon your employer's choice of benefit levels. Please be aware that we estimate your co-payment, but it is ONLY AN ESTIMATE. Payment of any remaining balance is expected within 30 days after your insurance clears the claim. We can submit a pre-determination authorization to determine a more exact amount.

COMPOSITE FILLINGS

Composite (white) fillings rather than amalgam (silver) fillings are the treatment of choice in our office. Insurance plans often will reduce benefits to the fee schedule for the alternate benefit of an amalgam filling. The patient is responsible for the difference between the amalgam and composite costs as well as any co-payment percentage as dictated by your plan.

SPECIAL PAYMENT ARRANGEMENTS

Special payment arrangements for extensive dental work can be discussed in advance and financed with a "no interest" option through Care Credit.

MISSED APPOINTMENTS

Should you be unable to keep a scheduled appointment, we request that you provide us with at least 48 hours advance notice. We understand that emergencies do arise, but we reserve the right to discontinue our relationship with you should a pattern of late cancellations or missed appointments arise.

MINORS

The adult accompanying a minor is responsible for full payment at the time of service. Unaccompanied minors must have payment pre-arranged, or non-emergency treatment will be denied.

DELINQUENT ACCOUNTS

Any account 90 days overdue is considered delinquent and will be turned over to collection.

RETURNED CHECKS

A fee will be charged for checks returned for insufficient funds based upon the additional charges that we incur.

Please feel free to contact us if you need assistance or wish to discuss questions you may have concerning our policy.

SIGNATURE _____

DATE _____