Dental Practice Policy

Dear patient,

Welcome to our dental office! We appreciate this opportunity to assist with your dental needs and concerns. Our goal is to provide you with the best dental care in an efficient and proffesional manner, and together we can accomplish this goal. Like any business, we have office policies that we must adhere to so that we may operate in a manner that will benefit our relationship. We will define those policies in the following paragraphs. **Please read, initial each paragraph and sign at the bottom:**

_____We try very hard to adhere to a schedule. If you are more than 15 minutes late, we may have to reschedule your appointment. Sometimes an emergency will occur that will make us run behind. Please be patient with us as it could be you with the emergency. We do respect your time and will make every effort to stay as close to your appointment time as possible. We thank you for choosing our dental practice and look forward to a long relationship with you and your family.

_____We must have at least a 48 hour advance notice should you be unable to come to your appointment. We will make every effort to confirm your appointment with you; however it is ultimately your responsibility to keep your appointment once it has been made. Failure to give us a **48 hour notice** will result in a **$55 broken appointment charge** that will be billed to your account. We have reserved this time for you and must know if you will be unable to keep it.

_____All co-pays are due at the time treatment is rendered. As a courtesy, we will be happy to file your insurance. Please understand that treatment is not dependent on payment by your insurance company. Fees quoted are an ESTIMATE based on the information from your insurance carrier, not a guarantee of payment. Insurance claims that are not paid within 60 days become the sole responsibility of the patient. We will be happy to provide you with a copy of the claim we submitted to your insurance. **I understand I am financially responsible for all charges not paid by my insurance.**

_____Our office accepts fax eligibility, however faxed eligibility is not a guarantee of coverage. Should your insurance company deny the claim for any reason, we will bill our normal fees and all charges become your responsibility to pay.

_____We offer the convenience of credit card payment and also CareCredit financing to those who qualify. **Please do not ask our staff office to work out a payment plans for you.**

_____Accounts that have a balance on the 1st of the month following treatment will incur a $9 administrative fee. In addition of the administrative fee, any account over 30 days will incur a 2% finance charge based on the unpaid balance. These charges will accrue each month there is an outstanding balance. Account balances over 90 days past due will be transfered to a collection agency. In this situation, your account will be assesed a collection fee of 33% (1/3) of the transfered balance. Per OSHA Regulations, a $12.50 fee will be added per patient per visit.

_____Our dental office will not release your medical treatment record without prior written approval from you.

_____I understand that dentistry is not an exact science and therefore reputable practicioners cannot properly guarantee results. I acknowledge that no guarantee or assurance has been made of GP Dental regarding the dental treatment that I requested and/or authorized.

_____Any credit should be requested by patient in writing. Please allow 14 business days in order to process it. Please verify address, a check will be sent to address on file.

_____I understand and agree to the above dental policies.

Name:_____ Signature:_____
Patient/Guardian Signature

Date:_____Witness:_____