Gadol Family Dentistry ~ Office Policies

Because we do not want financial constraints and/or broken appointments to interfere with your dental care, your agreement to the following Office Policies is required prior to beginning dental treatment. Please read each policy carefully, initial next to each, and sign your agreement at the bottom.

Payment Policy

I have read and agree to this Policy _____

Payment is due **in full** at the time of your appointment for all treatment rendered, including (but not limited to) emergency visits, examinations, consultations, and any procedure that is performed. We accept cash, personal checks, MasterCard and Visa. *There will be a $25.00 charge to your account for any returned checks.*

If you have dental insurance...

I have read and agree to this Policy _____

As a courtesy to you, we will file claims to your primary insurance carrier. We do not file claims with secondary insurances. We make every effort to help you derive the maximum benefits possible from your insurance. In order for us to file claims promptly and correctly, you must provide us with a copy of your current insurance card.

We will calculate your *approximate* portion of cost for treatment, based on your dental benefits (including deductibles and coinsurance set by your insurance plan). If the amount paid by your insurance company is less than previously estimated, you are responsible for any balance. **Payment is due at your appointment for your estimated cost of all treatment rendered that day, as well as any previous balances not paid by insurance.**

The amount your insurance company will pay for procedures is based on a pre-determined fee schedule established by them. Our charge for a procedure may be higher than the amount your insurance company will reimburse. The amount of insurance coverage you receive is determined by your insurance company and the plan chosen by your employer, not by us. Please direct any questions you may have concerning your benefits or coverage to your insurance representative.

PLEASE NOTE: While we *accept* almost all insurances, we are only *contracted and in network* with Delta Dental.

If your insurance company does not remit payment within 60 days (and we will make every effort to help this happen), you will be responsible for the outstanding balance. If we have to refile your claim(s) because you have not provided us with complete and correct insurance information, you may incur an administrative fee.

Late and Cancellation Policy

I have read and agree to this Policy _____

Your appointment time has been reserved specifically for you and often requires specialized preparation. As a courtesy, we attempt to confirm your appointment in advance. However, it is your responsibility to keep your scheduled appointments. If you are unable to keep your appointment, please notify us at least 24 hours in advance. **If you fail to keep your appointment and/or or cancel with less than 24 hours' notice, you will be charged a $100.00 cancellation fee** ($50.00 for hygiene appointments). If you are 15 minutes late or more, we reserve the right to consider this a missed appointment, assess the cancellation fee, and reschedule your appointment. In the case of medical illness or emergency, please notify the office as soon as possible to avoid a charge.

We make every effort to see you at your scheduled appointment time, and we ask for the same courtesy from you. If circumstances arise that prevent you from being on-time to your appointment, please call the office to notify us. Depending on individual circumstances, your appointment may have to be rescheduled to another day.

Overdue Accounts Policy

I have read and agree to this Policy _____

Accounts that are past 30 days due will be assessed a finance charge of 1.5% monthly (18% annually). Overdue/unpaid accounts may be subject to collections actions. The patient or guardian will be responsible for collections agency, attorney, court, and all associated fees incurred by Amy D.T. Gadol, DDS.

I have read, understand and agree to all of the above office policies.

Signature: _____ Date: _____