

# gledhill dental

family & cosmetic dentistry

## Financial & Payment Policy

Welcome to the offices of Gledhill Dental. We are honored to have you as our patient and look forward to offering you and your family the finest dental care available. If you have a dental benefit plan, we will help you receive the maximum allowable benefits. To achieve these goals, we need your assistance and understanding of our payment policy.

### Payment Policy:

**Payment is due** at the time services are rendered; including your insurance copay. For your convenience, we accept the following payment forms:

Cash\*                      Personal Check                      Visa | Master Card                      American Express                      Care Credit

Ask about a 5% Cash Discount

### Insurance benefits:

Dental Insurance is different from your Medical Insurance, and is a valuable tool in the pursuit of preventative care. Coverage varies from provider to provider and is ever changing, therefore please remember;

- Your benefit plan is a contract between you and the benefit plan provider. We are not a party to that contract
- Not all services are a covered benefit in all contracts. Some benefit plans choose to select certain services they will not cover. If you are not sure if a service is covered by your benefit plan, please ask a team member before accepting treatment.

We emphasize that as dental care providers, our relationship is with you, not your dental benefit plan provider. We will gladly research your benefits and estimate your coverage to whatever extent your insurance company is willing to allow. Furthermore, we will file benefit plan claims on your behalf. While the filing of benefit plan claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered.

We realize that temporary financial problems do arise, so we encourage you to contact us promptly for assistance in the management of your account. If you have any questions about the above information or any uncertainty regarding your benefit plan coverage, please do not hesitate to ask us. We are here to help you.

**Separated | Divorced Parents of Minors.** In situations where each parent is responsible for one half of the child/children's dental care, the parent bringing the child in for scheduled treatment is responsible for paying the co-payment or full fee. It may be necessary to have a credit/debit card number on file for the non-custodial parent.

I understand and agree, regardless of my benefit plan status, I am ultimately responsible for the balance of my account. I also agree that in the event of default, I agree to pay all cost of collection, including but not limited to the attorney's fees of 33 1/3% of the balance due and owing at the time of default.

- I authorize treatment by the doctor and supporting staff
- I assume full responsibility for balance of charges not covered by my benefit plan and agree to pay estimated co-payments at time the services are rendered
- I also understand that there will be a minimum fee of \$35.00 for broken appointments without a 24-hour notice and a \$35.00 charge for returned checks.

**Payment plans and financial agreements:** Please consult with our Treatment Consultant for comprehensive treatment and financial plans prior to the commencement of treatment.

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Patient/Parent/Guardian Signature

Date