

GLENWOOD VILLAGE DENTISTRY FINANCIAL POLICY

Thank you for choosing us as your dental care provider. We accept cash, checks, Visa and Mastercard. We also offer outside financing at 0% interest through Care Credit for up to 18 months and very low interest rate for longer periods, for those who are interested and qualify.

PATIENTS WITH OUT DENTAL INSURANCE - Payment is required at the time of service. Arrangement made with Care Credit must be made in advance of your appointment.

PATIENTS WITH DENTAL INSURANCE – Your insurance is a contract between you and your insurance company. We are not a party to that contract. We will gladly file your insurance claims, however, your insurance company will not guarantee payment until a claim is received by them, therefore we can only estimate how much your insurance will pay. This is based on the best information your insurance company will provide us.

If your insurance company will reimburse the dentist, you have two options.

Option #1 You can pay at time of service and have the insurance company reimburse you directly. Your insurance company should notify you within thirty days of your appointment.

Option #2 You can pay your estimated portion at time of service and have the insurance company reimburse us for the remaining. If you choose this option you must keep a credit card number on file with us. **Once the insurance has paid we will charge any remaining balance. Additionally, any account balance pending with insurance after 60 days will be charged to your credit card.** It is your responsibility to follow up with your insurance company. We will be happy to supply them with additional information if necessary. Any outstanding balance after 60days will be subject to a 1.5% monthly interest charge, late payment fee and any related attorney or collection fees.

CANCELLATION POLICY

When you schedule your appointment with us we reserve a chair, the Doctor's time and our staff time specifically for you. To do our best to serve all of our patients we must implement a cancellation policy. **Appointments not cancelled 48 hours in advance may be subject to a \$50 cancellation fee and repeated occurrences may lead to your being dismissed from the practice.**

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy. I hereby authorize Glenwood Village Dentistry to release any information for the purpose of treatment and/or filing insurance claims.

X _____ Date: _____
Signature of Patient or Responsible Party