



## *Financial Policy*

Thank you for choosing **Gordon Family Dental** as your dental care provider. We are committed to giving you the highest quality treatment available and to your satisfaction. To help us meet these standards, we ask that you read and accept our financial policy as stated below. Please ask any questions you may have in regards to the policy before signing.

**FULL PAYMENT IS DUE AT TIME OF SERVICE-** We accept all major credit cards, debit cards, check cards, checks, and cash. We also offer CareCredit as a payment plan option. Each returned check will be assessed a \$25.00 fee.

**REGARDING INSURANCE-** Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please understand that insurance reimbursement can be a long and difficult process for our office. Our billing staff has undergone extensive training to maximize your insurance reimbursement, while reducing the time by which the insurance company will pay. The balance is your responsibility whether your insurance pays or not. We cannot bill your insurance company unless you give us your insurance information including an identification number and birth date. All co-pays and deductibles are due at the time of treatment.

**USUAL AND CUSTOMARY RATES -**Our practice is committed to providing the best treatment for our patients. You are responsible for payment of the billed charges regardless of any insurance company's arbitrary determination of usual and customary rates.

**MINOR PATIENTS-** The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, credit card, or payment by cash or check at time of service has been verified.

**DIVORCE DECREES-** Please understand that our office is not a party to your divorce decree. Adult patients are responsible for their bill at the time of service. We will be happy to print a receipt for a child's work so that you may submit it to another party for your reimbursement, but the financial responsibility for minors rests with the accompanying adult and is also due at the time of service.

**MISSED APPOINTMENTS/CANCELLATION POLICY-** Our office requires 24 hours notice to reschedule a weekday appointment and 48 hours for a Saturday appointment. A \$30.00 fee will be charged to the guarantors account for a missed weekday appointment, and a \$60.00 fee will be charged for each Saturday appointment missed without sufficient notice or a same-day cancellation. This has been implemented as a courtesy to our other patients who would be affected by missed appointments. We appreciate your cooperation in this matter.

**SECONDARY INSURANCE-** Having more than one insurer DOES NOT necessarily mean that your services are covered at 100%. Secondary insurers will base their payments on what your primary carrier pays. We may bill your secondary carrier as a courtesy. We will not bill third insurances.

**INTEREST-** We reserve the right to charge interest in the amount of 1.5% per month on all unpaid balances left outstanding after 60 days as provided by state law.

I have read the entire Financial Policy and have had sufficient time to study and understand it, or obtain legal counsel if I so desire. I agree to be bound by all of the foregoing terms and conditions. In the event that the terms of this agreement are not met, I agree to pay the principal amount, plus all attorney's fees, court costs, and all costs of collection, including 50% of the principal amount assigned to any collection agency.

X \_\_\_\_\_ Date \_\_\_\_\_