**GREAT POND DENTAL FINANCIAL POLICIES**

Thank you for choosing Great Pond Dental. In an effort to better serve you, we would like to take the time to explain the billing process at our office.

Payment is expected the day services are rendered. For patients with dental insurance, if you provide the office with your dental insurance information, we will contact your insurance company and verify your benefits. We will do our very best to answer any questions you may have about your insurance coverage but always suggest that you contact them directly whenever possible.

As a courtesy to you, we will gladly submit the insurance claim to your insurance company on the day of service. We will collect your estimated copayment and deductible at each visit. We make every effort to determine your insurance benefits when you receive treatment, but consider your copayment an **estimate** until we receive payment from your insurance company. Please remember that any information we provide relative to your insurance coverage is our best estimate and not a guarantee of the payment that will be received.

In order to provide quality dental care in a timely manner, we have a cancellation and no show policy. The policy enables us to better utilize available appointments for our patients in need of dental care.

CANCELLATION OF AN APPOINTMENT:

In order to be respectful of other patients’ needs, please be courteous and call our office promptly if you are unable to keep your appointment. This time will be given to someone who is in urgent need of treatment. Please schedule your appointment carefully as there will be a charge to your account of $25 per 30 minutes for any appointment cancelled without 24 hours of notice.

NO SHOW POLICY:

A “no show” is an appointment that was not canceled in advance.

A no show for a scheduled appointment is subject to a fee of $25 per half hour reserved.

LATE ARRIVALS:

If you are running late for your appointment, please call the office. If you are more than 15 minutes late to your scheduled appointment, you may be asked to reschedule.

I have read and understand the appointment policy at Great Pond Dental. I have also read and understand the billing process at Great Pond Dental. I agree to be responsible for full payment of all charges for dental services performed on me. I assign all benefits to Great Pond Dental and if for any reason the insurance company does not pay its estimated portion, I

agree that I will be responsible for the account balance. In the event that my account is placed with a third party collection agency or attorney, I will be assessed any fees relating to this action.

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Patient Name (Print) Date

\_ Patient Signature