Greenhaven Family Dental
Financial Policy

Thank you for choosing us as your dental care provider. Our office is committed to providing you with the best possible care. Please understand that payment of your bill is considered as part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment.

Dental Insurance

Insurance benefits are determined by your employer/insurance provider and NOT your dentist. As a courtesy to you, we are happy to file forms necessary to see that you receive the full benefits of your coverage; however, we cannot guarantee any estimated coverage. **Unless prior arrangements are made, you will be expected to pay the percentage of your responsibility as services are performed**. Please keep in mind that you have a maximum coverage per year and we can only *estimate* your portion. Your insurance will not give us access to exact dollar amounts. If there is a dispute over your insurance we will provide the information to support the necessity for treatment, which may assist you in recovering your benefit. **If your insurance denies the claim or services, your account balance will become your responsibility**.*

Payment Options

- We accept the following forms of payment: Cash, Check, Debit, Visa, MasterCard and Discover.
- We also offer Care Credit as an option to our patients based on approval. Care Credit offers no-interest or low interest payment options.

Payment for services is due at the time services are rendered.

A 1.5% late charge will be assessed each month on any unpaid balance. Failure to keep your account current may result in you not being able to receive additional dental services unless arrangements have been made.

Checks that are returned to our office from your financial institution are subject to a $30.00 returned check fee. This fee covers processing fees that are charged to our office.

If records need to be released or transferred, patient may be responsible for a fee of $15.00 to release those records.

Appointments are reserved exclusively for you. We **do not** double-book. We reserve the right to charge and collect fees for failed appointments – appointments that are cancelled or broken without 24-hours notice will incur a charge of $50.00. Signature:_____Date:_____

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

Please sign below to indicate that you have received a copy of our Financial and Appointment Compliance Policies, understand our policies, and wish for us to accept the assignment of benefits from your insurance company.

Signature: _____ Date: _____

Any payments, adjustments, or credits to your account from your insurance company may take up to 60 days.