

Financial Policy

Thank you for choosing us as your provider. Effective 01/01/2015, Grovetown Family Dental (GFD) will implement a new Financial Policy. We are committed to the success of your dental treatment and care. Please understand that payment of your bill is part of this process. If you have any questions or concerns regarding our *Financial Policy*, please do not hesitate to speak with Management, and we will be glad to assist you. For the safety and protection of our patients, patients are required to have their picture taken upon check-in which will provide us with an additional form of identification prior to treatment.

INSURANCE COMPANY. Grovetown Family Dental is currently an out of network provider with most insurance carriers. This means that we will file to insurance as a courtesy to the patient. However, the patient is fully responsible for the balance that their insurance carrier does not pick up. You will be given an **estimate** for all dental treatment

PAYMENTS. If you have insurance, all estimated co-payments, deductibles, and co-insurance must be paid at the time services are rendered. If you do not have insurance, GFD currently does NOT offer payment plan options, so payment is due at the time services are rendered. We accept cash, checks, Visa, MasterCard, American Express, and Discover. You might also be interested in taking advantage of one of our third-party financing, which offers a variety of interest-free financing for qualified individuals.

PROOF OF INSURANCE. GFD must obtain a copy of your driver's license and current valid insurance information. If you are unable or unwilling to provide your ID information, your appointment will be rescheduled until this information is obtained. If you are unable or unwilling to provide current insurance information, your visit shall be paid by you at the time services are rendered.

CLAIMS SUBMISSION. We will submit your claims in order to maximize your insurance. Please be advised this is a courtesy provided by GFD rather than a responsibility. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Additionally, we will file secondary insurance for you, but GFD will only use one insurance policy when calculating your co-pay. In many cases, secondary insurance considers what primary insurance pays to be proper compensation or they have other clause limitations that they use to determine coordination of benefits. Any subsequent payments from secondary insurance will be refunded to you or remain as a credit on your account.

COVERAGE CHANGES. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. In the event you do not supply the correct information to our office in a timely manner, GFD will not be held to timely filing requirements by your insurance company.

COLLECTIONS. If your account is over 60 days past due, you will receive a letter stating such. Partial payments **WILL NOT** be accepted. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and that all future appointment will be rescheduled until your balance is paid off.

MISSED APPOINTMENTS. We kindly ask that you advise us with a minimum of **24 hours** if you would need to cancel your reserved time with us. In the event you fail to keep your scheduled appointment without proper notice, a charge of \$50 (for regular visits, i.e. exams, cleanings, etc.) or \$100 (for restorative visits, i.e. crown, fillings, etc.) will be applied to your account. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

Patient Name: _____ **Date:** _____

Signature: _____ **Relationship to patient:** _____

Grovetown Family Dental

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