

## OFFICE POLICIES

PLEASE READ CAREFULLY AND INITIAL ON THE LINE NEXT TO EACH PARAGRAPH, SIGN AND DATE.

### PAYMENT OPTIONS

Green Gregson Family Dentistry requires payment at the time of service. We accept: Cash, Check, Visa, MC, Amex, Discover and Care Credit. A \$35 fee will be charged for all returned NSF checks. Should your account be sent to collections, you will be liable for any associated fees incurred by the office

### INSURANCE

We are in network with four insurance companies. They are: SUNLIFE, AETNA, CIGNA, (PPO Plan Only) UNITED CONCORDIA (ALLIANCE NETWORK ONLY). Insurance will be applied to your visit and you, the patient, will be responsible for the remaining balance.

You are responsible for all payments due to Green Gregson Family Dentistry. Insurance plans are a contract between the patient and the insurance provider. It is the patient's responsibility to know their benefit plan. As a courtesy for our patients, we are happy to help you understand the limitations of your plan. Green Gregson Family Dentistry will handle your claims for a maximum of 60 days. If we have not received a response from your insurance provider after 60 days, any further handling becomes the patient's responsibility at which time payment will be due in full. Additionally, all treatment plans provided by Green Gregson Family Dentistry are estimated insurance coverage, not a guarantee by the insurance provider.

### APPOINTMENTS

Appointments are made in advance by reserving a room and time specifically for you. We try very hard not to keep our patients waiting. Because we respect your time so much, we ask that you respect ours by calling a **minimum of 48 hours in advance to cancel or reschedule** your appointment so we can give that valuable time to another patient in need. This policy enables us to accommodate all of our patients, but ensuring that our limited hours during the work day are not unused. We reserve the right to charge a patient's account \$50 per scheduled hour if we do not receive a minimum of 48 hour notice to cancel or reschedule appointment. After three last minute cancellations or failed appointments, we reserve the right to refuse any further services. Please be aware that during the Mardi Gras, Thanksgiving, Christmas, and New Year holidays, our cancel & missed appointment fee's are subject to an increase.

Due to our scheduling, we reserve the right to consider any patient who appears 15 minutes late to his or her scheduled appointment as a "no show." Late arrival for a scheduled appointment leads to inadequate time for your treatment as well as inconvenience to the next scheduled patient.

Patient or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Patient Name (Please Print) \_\_\_\_\_