

Welcome to Gentle Caring Dentistry!

Office Policy

AGREEMENT FOR PAYMENT FOR SERVICES:

Full payment for services is due at the time of service, and collected at the beginning of each appointment. Any insurance co-payments are due at time of service. You must provide your insurance and identification-at-each visit, which is subject for verification prior to your appointment time. Gentle Caring Dentistry reserves the right to cancel your appointment if proof of insurance cannot be verified or is not provided or require full visit fee be paid prior to your appointment.

Co-Insurance- A percentage of your visit which is estimated on the amount your insurance discount allows for the type of service you are receiving. This amount will change from visit to visit depending on the services you are scheduled for, or if treatment changes from what was originally scheduled.

Self-Pay- When you do not have an insurance discount plan, you will be quoted an amount for your services scheduled. This amount could increase or decrease if treatment changes for any reason. Our staff will make sure you are aware of any additional costs before you agree to any treatment.

SCHEDULING AGREEMENT:

In order for Gentle Caring Dentistry's staff to schedule you in a timely manner and allow for timely follow up appointments, it is your responsibility to communicate when you are unable to keep your appointments not only as a courtesy to your provider and other patients, but also for administrative purposes as our staff prepares for each and every patient visit. Please be advised that 3 no shows can result in discharge from the practice.

24 hour notice must be provided to cancel an appointment or a missed appointment fee of \$50.00 will be charged to your account and you may not be able to reschedule the missed appointment until this fee is taken care of.

UNDERSTANDING YOUR COSTS:

While Gentle Caring Dentistry staff strives to make sure all of of your financial obligations for services are clearly explained to you prior to your visit, **it is your responsibility as a patient to understand what your insurance covers and does not.** Gentle Caring Dentistry recommends you contact your insurance company by calling the number listed on your insurance card and inquire about your dental benefits as far as coverage percentages, frequencies, any age limitations, or waiting periods for services. This will help you to be aware of any costs that may become your responsibility due to any limitations or stipulations your insurance plan may have that have been negotiated by your employer.

We bill insurance as a courtesy. Dental insurance is a contract between the employer and the patient. It has no connection at all to us as your dental office. The extent of coverage varies greatly from company to company, sometimes, even within a company. It has absolutely nothing to do with the level of service provided by us, and the fee charged for these services.

An often-misunderstood term used by many insurance companies is “UCR”. This means **Usual Customary and Reasonable**. What this means is that the insurance company places a set fee for each dental procedure. If the fee is above their “UCR” then the patient is responsible for anything the insurance does not take care of. Despite our best efforts at giving you an accurate **estimate**, a patient will owe the amount of the difference. Again, this has nothing to do with the fee charged, but with the level of coverage negotiated by your employer and decided upon by the insurance company.

I also understand and acknowledge that I am personally responsible to pay Gentle Caring Dentistry in full for services that my dental insurer will not cover due to non-payment of my dental insurance premiums.

OUTSTANDING BALANCES:

Gentle Caring Dentistry requires all outstanding balances to be paid in full prior to scheduling. We reserve the right to deny services until accounts are paid in full. Not fulfilling financial obligations to our office is also grounds for discharge from the practice. If there is ever a credit balance on your account at anytime and you are still receiving treatment please note that the credit will be applied to future fees incurred. Overpayments on accounts will be refunded if no longer receiving services within a period of six months.

OTHER COSTS:

Any returned check or reoccurring credit card payment with insufficient funds will result in an additional fee of \$35.00 and you will no longer be able to pay with that form of payment.

STATEMENTS: Each month you will receive a statement for your portion of any bill that is due within 20 days of receipt. You will be asked at your next appointment for any outstanding balance payment in full unless prior arrangements for payments have already been made. If you ever have any questions about your bill or you have the need to make payment arrangements due to hardship, loss of insurance, job or other, please contact our billing department and we will be happy to assist you in your options for continuing your care.

COMMUNICATION: We use a system called Smile Reminder that will send email and text message reminders for any scheduled appointments or when you are past due for services. You can easily reply to the messages. We do ask however that you do not use this service to cancel appointments. All cancellations must be made by contacting the office directly by phone at 419-332-1303 where messages can be left if a staff member is not available to take your call.

I HAVE READ, UNDERSTAND, AND ACCEPT THE TERMS OF THE ABOVE OUTLINED POLICIES FOR INSURANCE HANDLING AND FINANCIAL COMMITMENTS THAT I MAY INCUR AS A RESULT OF TREATMENT. I KNOW THAT ANYTHING INSURANCE DOES NOT COVER IS MY RESPONSIBILITY. IF NO INSURANCE, I KNOW THAT ALL PAYMENTS ARE DUE AT THE TIME SERVICES ARE RENDERED UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE. I KNOW THAT IF I DON'T PAY MY OUTSTANDING BALANCE, AND THE ACCOUNT IS SENT TO COLLECTION OR SMALL CLAIMS COURT, I WILL BE RESPONSIBLE FOR ANY LATE CHARGE (18% PER ANNUM INTEREST RATE), ATTORNEY FEES OR COLLECTION FEES THAT MAY BE INCURRED.