



# Galloway Dental

## Office Policies

So that we can concentrate on giving you the best dental care possible, it is important that we agree on our office policies. This will prevent misunderstanding and enable us to focus on your care.

- > We can review your insurance benefits with you, but please note that we rarely have FULL access to your benefits. ***It is your responsibility to know and understand your insurance benefits.***
- > We will explain your dental treatment options and the **estimated** charges before proceeding with your treatment.
- > Payment is expected as services are rendered, unless *prior* arrangements have been made. This includes your insurance co-payment and deductible. Forms of payment include cash, check, debit cards, MasterCard, Visa and Care Credit.
- > You are responsible for all the charges incurred for you or your child's treatment. **The parent or guardian who bring the child to his/her appointment is responsible for the charges.** In cases of separation or divorce, we cannot be responsible for billing the non-custodial parent.
- > **A cancellation fee of \$50.00 per hour booked for any appointment made and confirmed, will be added to your account balance if 24 hour notice is not given. If you are unsure of the length of your appointment slot, please ask.**
- > There will be a charge of \$20.00 for any returned checks.

**If there is a missed payment on an account balance after the insurance has paid; for each month the balance is not paid off, there will be a \$45.00 fee added to your account.**

**YOU ARE ULTIMATLY RESPONSIBLE FOR ANY ACCOUNT BALANCE AT GALLOWAY DENTAL.**  
**YOUR INSURANCE IS NOT A GUARANTEE OF PAYMENT.**

I have read, understand and agree to comply with all the above policies.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_