

**Financial Policy**

Thank you for choosing Dr. Gage as your dental provider. We are committed to providing excellent dental services to you, our patient. As a part of our professional relationship, it is important that you have an understanding of our financial policy.

**ALL PATIENTS MUST READ AND SIGN THIS FORM PRIOR TO RECEIVING SERVICES.**

- 1) You are financially responsible for your account.
  - We will process your insurance as a courtesy to you.
  - Unpaid deductibles and co-payments are due at the time of treatment. A statement will be sent for balances that remain if your dental insurance pays less than estimated.
  - All charges are your responsibility whether the insurance company pays or does not pay. Not all services are covered in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Please have a good understanding of your dental benefit coverage prior to scheduling.
  - In some circumstances, if the insurance company does not pay your claim after 60 days, a statement will be sent for the full balance, which will be due and payable at that time.
  - I understand that employees of Gage Dental are NOT representatives for my insurance company and the estimate I receive from Gage Dental is not a guarantee of payment from my insurance carrier.
  - A dental benefit plan is an agreement between you, your employer and the insurance company. **It is your responsibility to know and understand the level of services covered by your insurance company.** We cannot become involved in disputes between you and your insurer regarding deductibles, co-payment, covered charges, secondary, and "usual and customary charges." We charge usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.
  - I authorize payment from my insurance carrier to be made directly to the dentist. If payment is sent to me from the insurance company; I will forward it directly to Gage Dental, as it is a theft of professional services if I keep the money. This is punishable by law and the account will be sent directly to collections.
- 2) It is your responsibility to provide us with your most current billing information.
  - Payment in full is due upon receipt of a statement, unless other arrangements have been made. Balances older than 90 days may be subject to collection placement and fees or small claims court. Interest at 18% will begin to accumulate after 90 days if no communication is established. You will be responsible to pay all collection costs incurred including any court fees if applicable.
  - We understand that temporary financial problems and situations arise. We encourage you to communicate such problems, so we may assist you in management of your account.
- 3) **Cancellation:** Kindly give 24 business hours notice if you must cancel an exam and/or cleaning appointment. 48 hours (two business days) are required if you must cancel a treatment appointment. If not, a fee could be incurred.
- 4) **Lateness:** If you are running late, kindly give us a phone call. If you are more than 10 minutes late, we will try to accommodate you, but please understand that we may need to reschedule the appointment. A fee may be assessed if the problem is recurrent.

**FULL PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECK, CREDIT CARD, AND APPROVED FINANCING. I HAVE READ AND UNDERSTAND THIS FINANCIAL POLICY.**

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Patient or Guardian Signature

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
Date