



GREAT OAKS DENTAL
COMPREHENSIVE DENTISTRY for HEALTH and BEAUTY

Patient Information

Thank you for choosing Great Oaks Dental for your dental needs. We appreciate the opportunity to care for you and your family's needs. The following information is provided to avoid any confusion regarding payment for dental services. Please sign below that you have read and agree to this policy.

Payment Policy

- At date of service you are expected to pay your estimated amount due. After insurance has paid you are responsible for any remaining balance.
- If you have no dental insurance payment in full is expected, unless prior arrangements have been made.
- After your insurance pays, we will attempt to collect the past due balance 3 times. If the balance is not paid at that time you will then receive a collections letter with a 1 week warning and then sent to collections if not paid.
- We accept Cash, Check, Visa, Master Card, American Express and Care Credit. We have a \$30 charge for any check that is returned.
- If a patient is younger than 18 years of age, we do require a parent or guardian to be responsible for the account, and to be in accordance with the requests shown above.

Insurance

As a courtesy, we file insurance. It is your responsibility to notify us of any changes to your insurance coverage. This is your insurance policy and we require that you know your benefits regarding to maximums, waiting periods, benefits year, and deductibles. Please know that any information required from your insurance company regarding the treatment done will be provided by us as it is requested.

Appointments

We require a minimum of 48 hour notice for all appointment cancellations. Failure to provide this notice will result in a no-show on your appointment record, and a \$25.00 non-cancellation fee will be applied to your account. Repeated no-show visits may result in you being discharged from the practice.

Patient Name _____
Responsible Party Signature _____