

# Office Policy

---

Gordon Family Dentistry believes that you deserve the best care. That's why we always present you with the best dental solution possible to treat your personal situation. Here are some important things you should know about our practice and your insurance plan.

Initial  
Here

\_\_\_\_\_ Your dental benefits are based upon a contract made between your employer and an insurance company. *If you have any questions regarding your dental benefits please contact your employer or insurance company directly. Dental benefit plans will never completely pay for all of your treatment. Dental Insurance is only meant to assist you.*

\_\_\_\_\_ Although we maintain computerized histories of payments made by a given insurance plan, plans do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. If you have a concern about coverage on a unique procedure, please let us know and we can do a Predetermination.

\_\_\_\_\_ We will bill your insurance as a courtesy. **If insurance does not pay within 90 days**, Gordon Family Dentistry reserves the right to request payment in full for services from you and let you collect the insurance payments that are due to you. It is important that you recognize that the insurance you have is a legal contract between YOU and your insurance company. Our office is not, and cannot be a part of that legal contract. Ultimately, you are responsible for all charges incurred in our office.

\_\_\_\_\_ Our Office requires payment in full for your portion at the time of service. We accept Visa, MasterCard, Discover, American Express, cash and checks. We also work with Care Credit. There is a **\$30.00 charge** for any checks returned by your banking institution.

\_\_\_\_\_ A designated appointment time will be reserved specifically for your treatment needs. If you must change your appointment, we require at least **24 hour notice** (72 hour notice for Saturday appointments) to avoid a **\$50.00 cancellation fee**.

\_\_\_\_\_ No Saturday appointment will be scheduled to anyone that has cancelled repeatedly.

\_\_\_\_\_ To properly process your account balance; please forward on all payments to our billing company First Pacific Corporation. Failure to forward payment directly to them will result in a **\$5.00 service fee** for us to forward on your payment.

\_\_\_\_\_ Any account not paid in full within 30 business days will be charge at the rate of 1.8% per month. If your account is referred for collections, you will be held responsible for any filing, Attorney's fee, court cost, postage charges or other intangible fees to collection procedure.

**I agree with the above conditions.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient/parent Signature: \_\_\_\_\_