

# Graceland Prairie Dental

## Insurance and Office Policy

Who may we thank for referring you to our office? \_\_\_\_\_

Do you have dental insurance? \_\_\_\_\_

Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Holder ID# or SS#: \_\_\_\_\_ Group#: \_\_\_\_\_

**Please provide your insurance card and photo ID, so we can make a copy. Thank you!**

Understanding the specific requirements of your insurance plan can be difficult. The following information is designed to help answer any questions you may have regarding your insurance coverage and the payment policies of our office.

**If You DO NOT Have Insurance.** We ask that you make payment at the time of service..

**If You Have Private Insurance.** As a convenience to you, we will submit claims directly to your insurance company. You will be required to make a payment (co-payment, partial payment, deductible, etc) for your visit today.

**If You Belong To Health Maintenance Organizations (HMOS).** If we are affiliated with your HMO, please show us your HMO membership card and your referral letter from your primary care dentist authorizing your appointment at our office. As long as you have your referral letter with you, you will only be charged the co-pay as required by your dental plan for your visit. If we are not affiliated with your HMO or you do not receive authorization for your appointment from your primary care dentist, you will be responsible for the cost of your appointment. We ask that you pay this fee at the time of your visit.

**Fees** We ask that you pay your estimated co-payment for your procedure at the time the service is rendered. We will provide an estimate of those fees for any proposed treatment.

**Insurance** We are committed to providing you with the highest standard of care possible. Our office puts in a great deal of time and effort to assure our patients receive the maximum allowed benefit under their insurance plan, however we would like you to understand our office policy regarding insurance assignment. Please keep in mind that your dental insurance is a contract between you, your employer and the insurance carrier. As a courtesy we will bill your insurance company. It is your responsibility to know and understand your plan benefits and update us regarding any changes with your dental coverage. Although we estimate your benefits based on the information provided to us by your insurance carrier, your insurance makes the final determination of payment. Any amount not paid by your insurance company is

# Graceland Prairie Dental

your responsibility. There are certain cases that the insurance company applies an alternate benefit on service codes submitted. It is the patient's responsibility to pay the difference. We will diagnose what is in the best interest of the patient, not what insurance covers.

**Cancellations:** We require at least 48 hours notice to change your appointment; otherwise we reserve the right to charge up to \$50.00 per hour that was scheduled if two or more appointments are missed. I also understand that my appointment may be rescheduled if I arrive more than 15-minutes late.

**Payment:** Payment is expected when services are rendered. We accept cash, check, credit cards, HSA cards, and CareCredit.

**Late and Finance Charges:** A \$25.00 late payment (or no payment) charge may be applied to accounts that are late or no payment is made. A 1.5% finance charge will be added per month to all overdue accounts.

**Delinquency:** If your account falls into delinquency, you agree to pay any and all collection agency charges, attorney fees and court fees.

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

\_\_\_\_\_

Name (printed)

\_\_\_\_\_

Name (signed)