



GWINNETTDENTAL
IMPLANT CENTER

320 Killian Hill Road • Lilburn, GA 30047
(770) 921-3555

FINANCIAL POLICY

Thank you for choosing our office to treat your periodontal needs. Our office has a variety of financial options from which to choose. The office accepts the following forms of payment:

- Personal Checks
- Cash
- All Major Credit Cards

We understand that not everyone has dental insurance and will need to make arrangements for the cost of treatment prior to treatment beginning. We are willing to structure a treatment and fee schedule that will allow you to complete the recommended treatment plan. Please read and sign before treatment begins.

The following options are available to you:

- A 5% courtesy on procedures of \$500 or more that will be paid in full by cash or check prior to or at the time of the first treatment appointment.
- In some cases, it may be possible to pay for treatment with 50% due on the day of initial treatment and the balance paid in 4-6 subsequent payments. The Treatment Coordinator will discuss these options with you.
- For patients who wish to pay for treatment over an extended period of time, we offer a payment plan that is administered by an independent company. The Treatment Coordinator will provide you with all the details.
- Insurance payments are accepted and we will do everything possible to help you maximize your benefits. Patients are responsible for the difference between the actual insurance payment and the fee. **YOUR INSURANCE POLICY IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. WE ARE NOT PARTY TO THAT CONTRACT.**

Insurance companies offer a variety of policies to you or your employer. It is very difficult for our office to know what limits and/or restrictions are within your policy. Some plans may have exclusions and/or limits. Also, some plans make payments based on a flat fee schedule and not on the normal rate of reasonable and customary. Never assume that your insurance plan will cover ALL procedures. It is important for you to know YOUR dental plan. If your insurance has not made payment within 45 days of treatment, we will ask to transfer the balance to a credit card. Our practice is committed to providing the best treatment for our patients. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Should you miss or cancel an appointment within 24 hours of your scheduled appointment time, you agree to our charging you a cancellation fee. That fee is determined by the amount of time we have set aside for your appointment. The minimum cancellation fee is \$50.

Thank you for understanding our Financial Policy. If you have any questions or concerns, please discuss these with our Office Manager.

I have read, understand, and agree to the Financial Policy.

Signature of Patient or Responsible Party

Date