

Great Lakes Family Dental Group

3515 Coolidge, Suite C. East Lansing, MI 48823

OFFICE POLICIES/DENTAL INSURANCE/PRIVATE PAY

Our entire staff is committed to providing you with the best possible care, utilizing the most modern techniques and materials available. We want every patient to be aware of what is needed, what options are available, and the cost involved before treatment begins. Part of the service we offer is explaining what we can do financially to make our services readily available. Our office policy is designed to offer options to meet our patients' needs, and still allow us to hold our costs and fees down as much as possible.

APPOINTMENTS AND SCHEDULING

Your time and our time is valuable. We will attempt to maintain our time schedule as closely as possible. Because emergency treatment is sometimes necessary, we may occasionally be delayed. We will try to contact you before your appointment if we are delayed. If this occurs, please be patient. This situation could be reversed, and you could be the one with the emergency. We pride ourselves in the professional care and understanding we give to our patients. We hold ourselves to a high standard. Our staff will make several courtesy attempts to confirm your appointment with you. Please be courteous and confirm your appointment in the event we are unable to connect with you beforehand. Missed appointments have been an ongoing problem, and your appointment time is reserved exclusively for you. While some of these are due to unavoidable situations, many are due to simply forgetting or poor planning. If a true emergency prevents you from making your appointment, we would appreciate as much advance notice as possible. This would give us the opportunity to give the appointment time to another patient. Otherwise, 48-hours' advanced notice is required to reschedule or cancel an appointment to avoid a cancellation fee. If this happens repeatedly, we may find it necessary to dismiss you from the practice. A \$75.00 fee may also be added to your account for broken and cancelled appointments without 24 hour notice will result in dismissal from the practice.

Please be prepared to do a written update of your medical history yearly for the safety of you and our practice.

FINANCIAL POLICIES

Payment is expected at the time of treatment. If your treatment involves more than one visit, your fee is expected at the first visit. We accept cash, checks, VISA, MasterCard, Novus/Discover and CareCredit. If you have dental insurance, we will submit your forms as a service to you. **Any copays and deductibles must be paid at the time of treatment.** Please direct any financial questions or concerns to our receptionist prior to treatment. In the event of your failure to pay for services rendered to you or a family member for who you are financially responsible, you agree to pay all court costs and actual attorney fees incurred in the collection of the debt.

PRIVATE PAY OPTIONS

1. Payment at each visit when services are rendered. (Cash, Checks, Credit Card) 2. CareCredit – If payment in full is not convenient for you, we offer a monthly payment plan called CareCredit. Approval for monthly payments only takes a few minutes and we will be glad to process your outstanding balance. CareCredit also has an interest free option, for up to twelve months.

DENTAL INSURANCE

Dental insurance is a benefit that your employer provides for you. The quality of the selected plan will determine how much of our fees will be covered. Our staff will do their best to determine your coverage for you. Please note that the plan is a contract between you and the insurance carrier, and not with our office. **All fees are the responsibility of the treated patient.** If you have any questions about the above information or any uncertainty regarding insurance coverage, please don't hesitate to ask. We are here to help you.

WHAT TO EXPECT WITH YOUR INSURANCE

If you have dental insurance, you will pay your estimated copay at the time of treatment. Our office collects the estimated copay based on the information that is available to us. Three to five weeks following treatment, our office will receive a check from your insurance company. If there is a balance due, we will send you a statement that is due upon receipt.

FEE REDUCED TO "USUAL, CUSTOMARY AND REASONABLE"

Due to contract limitations on the dental plan your employer purchased, your carrier may pay for a service at a given rate that differs from ours. Different insurance companies will have different determinations of what they call usual, customary, and reasonable. Your insurance will then only pay their percentage of their fee, and you would be liable for the difference. Many insurance carriers accept our fees and usual, customary and reasonable (UCR).

ALL BALANCES THAT HAVE NOT BEEN PAID WITHIN 60 DAYS BY YOUR INSURANCE WILL BE TRANSFERRED TO YOUR ACCOUNT AND WILL BE DUE IMMEDIATELY.

Divorced parents bringing a child to an appointment are solely responsible for all needed information and all fees incurred during each visit. Parents will not be billed separately. Returned checks will be subject to a \$25.00 NSF fee. Balances older than 90 days will be subject to additional collection fees, a monthly percentage will be added.

With appreciation,

Great Lakes Family Dental Group

I HAVE READ THIS FORM AND ALL MY QUESTIONS HAVE BEEN ANSWERED.

SIGNATURE: _____

DATE: _____