



At Gentle Dental Spa, we believe that you deserve the best care. That's why we always present you with the best dental solution.

Office Policies

Please Initial

_____ Your dental benefits are based upon a contract made between your employer and an insurance company. **If you have questions regarding your dental benefits please contact your employer or your insurance company.**

_____ We currently accept a wide variety of dental insurance plans. Although we can maintain computerized histories of payment by a given company, they 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 would like to know your insurance benefit, we will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage.

_____ We will bill your insurance as a courtesy. If insurance does not pay within 60 days, Gentle Dental Spa reserves the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare but it is important you recognize that the insurance 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.

_____ Gentle Dental Spa does require payment in full for all major treatment requiring a preauthorization for payment from your insurance. We require payment for services at the **beginning** of your appointment. We accept credit cards and cash. Checks are accepted from existing patients with established payment history. If you are in need of an extended finance option, we also work with Care Credit, who offers 6,12, and 18 months "same as cash" terms with an interest bearing revolving charge.

_____ A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments since we value your waiting time and do not practice overbooking. If you must change your appointment, we require at least **48- hour** notice to avoid a **\$50.00 cancellation fee**.

_____ A charge of **\$50.00** will be added to any check that is returned due to insufficient funds.

PRINT NAME: _____ DATE: _____

PATIENT/LEGAL GUARDIAN SIGNATURE: _____