

# OFFICE AND FINANCIAL POLICIES

Welcome and thank you for choosing Dr. Daniel P. Gibson for your dental care. We are committed to providing you with the highest quality dental care, in an efficient, timely and cost-effective manner. Please take a moment to review our financial policy so that you understand your responsibility regarding the charges for the services rendered to you by this office.

**Insurance:** When making an appointment with Dr. Gibson's office, it is your responsibility to confirm with our office and your insurance company that the dentist is currently contracted with your plan. As a service to you, we will file all dental claims on behalf of our patients, however, the financial obligation for dental treatment is between you and this practice not between the insurance company and this practice. While providing this service, please remember that your insurance company requires you to know your plan's benefit policies including co-payments, the specifics of what your policy covers, and to notify us when your insurance plan changes prior to your appointment. Each plan has its own stipulations regarding the coverage of, and payment for, dental services; therefore, it is extremely difficult for us to be aware of the multitude of individual requirements for each of our patients' plans.

**Patient Balance:** If your insurance does not respond to or pay your claim within 60 days, the full balance will become the patient/guarantor's responsibility. All balances are due upon receipt of your first statement. Partial payments will not be accepted unless prior payment arrangements have been made.

**Co-Payments:** All insurance companies require copays to be collected at the time of service. Your copay and your non-covered services are due at the time of check-in.

**Check-In:** We do our best to keep on schedule, so please arrive for your appointment on time. If you arrive more than 10 minutes past your scheduled appointment time, we reserve the right to reschedule your appointment.

**Check-Out:** Payment of non-covered services will be required at the time of service. Please come prepared with the proper payment for your treatment. For your convenience, we take cash, check, MasterCard, Visa, and Discover. A \$35.00 fee will be assessed on any returned checks.

**No Shows and Late Cancellations:** We require a 24-hour advance notice if you must cancel your appointment. A No-Show appointment will result in a \$75.00 charge to your account.

**Minors:** The parent(s) or guardian(s) must accompany a minor for their dental treatment. Accompanying parent(s) or guardian(s) are responsible for providing current insurance information for the minor and any payment or co-payment, which is due at the time of service.