

Gainesville Family Dental Center

2420 Old Flowery Branch Road, Suite 101

Gainesville, Georgia 30504

Telephone: (770) 532-1111

Financial Policy

It is our policy to provide an “estimate” of necessary treatment. The estimated fees will be honored for up to one year from the estimate date. This will enable you to know what services are planned, as well as, what your financial responsibility will be. Our financial policy is as follows:

Payment: We request that full payment be made at the time of appointment. We accept cash, personal checks, Visa, Master Card and Discover.

Insurance: Please keep in mind that ALL dental costs remain the responsibility of the patient and that not all dental costs are covered by insurance. If you have dental insurance, as a courtesy, we will be glad to assist you in filing your insurance claim. We encourage ALL patients to review their dental benefits and communicate directly with their insurance provider.

Broken Appointment Charge: Your appointment time is reserved exclusively for you. We realize that unforeseen circumstances befall its all. However, we do require 24 hours notice to avoid a broken appointment charge. Although the office does attempt to make courtesy reminder calls regarding your appointments we consider these appointments to be your responsibility.

The broken appointment charge is \$40.00.

Collections: If account is sent to collections for non-payment, patient (or Head of Household) will be responsible for remaining balance and collection fees.

I have read the financial policy and understand the said terms regarding payment for services, insurance and broken appointment charges.

Patient Signature: _____ Date: _____