

# Practice Financial Policy and Release of Information

All professional services rendered are charged to the patient and are due at the time of service. As a courtesy, this office will file your claim with your insurance carrier. Insurance carriers typically do not cover all dental costs. Some pay fixed allowances for each procedure and office visits, while others pay only a percentage of the costs. It is the patient's responsibility to understand their insurance coverage. When you received a statement from our office, you are required to pay the balance due upon receipt of the statement. If for some reason you do not agree with the balance due amount, you are to please contact our billing representative at the office. Please take note that we do add a finance charge for any past due bills over 90 days.

I understand that I am financially responsible to Groover Family Dentistry for all treatment rendered.

\_\_\_\_\_ Date\_\_\_\_\_

## Assignment of Benefits

I hereby assign and authorize my insurance benefits to be paid directly to Groover Family Dentistry.

\_\_\_\_\_ Date\_\_\_\_\_

## Authorization to Release Information

The signature below provides authorization for this office to furnish and/or release any information necessary to insurance carriers or other dental benefit payor representatives in order to process dental care claims incurred at this office. This authorization also serves as permission to obtain a copy of your complete medical/dental record from any other dental or medical facility. A copy of the authorization may be used in place of the original in obtaining the medical/dental records.

\_\_\_\_\_ Date\_\_\_\_\_

## Appointment Policy

The nature of our practice is to provide high quality care that requires at times a longer appointment for each of our patient visits.

It is our policy that 24 hours notice must be given if you are forced to cancel an appointment. After 2 broken appointments with no notice, we will place your file in an inactive status and special arrangements must be made to reactivate it.

|\_ | I agree.

Signature: \_\_\_\_\_ Date\_\_\_\_\_