



Financial Policy

Our Promise

to you:
We will always INFORM before we perform!

We know that providing complete comprehensive dental services includes discussing all treatment and financial information. Before treatment is performed, we will discuss treatment and financial options. We will ensure that you understand all of your options and what to anticipate in fees and allow you time to make the necessary financial arrangements *prior to date of treatment*.

Payment is due at the time of services are rendered. For your convenience we accept cash, checks, Visa, MasterCard, Health Savings Cards, and CareCredit. We prefer to have a credit card on file for any charges left over after insurance has paid.

If you choose to pay in full PRIOR to the date of service, you can take advantage of a pre-payment discount.

Please initial highlighted line, if not applicable, write n/a

For our INSURED patients. We happily file your dental claims on your behalf. Please remember that your insurance contract is **a relationship between you and your insurance company**. We are your third party facilitator and advocate. We will help you utilize your benefits to their fullest potential, but **we need your help!** Please ensure all personal information is correct and examine your EOB's once the claim has been paid. Unanswered or incorrect information provided to Gentle Dental or to your insurance company will delay payment! For example, if you have an adult child that is still under your insurance plan, WE MUST HAVE THEIR SCHOOL INFORMATION! We can help you figure this out, we just need your attentiveness when it comes to your insurance policy. **It's a team effort!**

We try our very best to get an estimate that is right on the dollar that we expect from your dental insurance. However, this is an ESTIMATE. We will always be happy to send a predetermination for a more accurate anticipated payment from your insurance. We ask that you request a predetermination at any time PRIOR scheduling your treatment (*it takes up to 4-8 weeks to get a response*)

Credit Card on File: This is a process that is just like reserving a rental car or booking an hotel room. You dictate the agreement, we save you late fees! For accounts that have a balance 30 days AFTER the final payment from your insurance company, a late fee will be applied to your account. *This service has been requested by many of our patients.*

For our UNINSURED patients. **No Insurance? No Problem!** You are eligible for our Gentle Dental Savings Plan. A great option to lower your costs! Let us know if you are interested and we will give you all of the details.

EMERGENCY first time patients: Total payment is due at time of service. Thereafter, we will be happy to discuss further payment options.

Children of Divorced/Separated Parents: The parent who brings the child in to the dental appointment is responsible for paying the co-payment or full fee. If it is necessary, we are happy to hold a credit/debit card on file from the non-custodial parent.

Unaccompanied Minors: Payment is due at time of service. We are happy to see unaccompanied minors (17 and younger) that have had their treatment consent form signed by a parent/legal guardian and who have **prepaid** OR have a **debit/credit card on file**. Please ensure that we have the BEST phone number on file to be able to reach you with any questions or concerns that might arise during your child's appointment. *Unaccompanied minor = a patient under 17 years old who arrives at their appointment without a parent or legal guardian and is NOT prepared to pay their co-pay or full fee. (example: grandmother, babysitter, minor who can drive his or herself)*

Cancellation fees: Your reserved time is designed specifically to make YOUR experience extraordinary. With less than a 24 hour notice to cancel or reschedule, we will charge your account a \$50.00 fee that will not be paid by your insurance company. With 24-48 hour notice, we will happily work with you to find a time that is more convenient to your schedule.

Late Fees & Returned Checks: There will be a \$25.00 charge for any returned check. Any overdue payments over 30 days (or 30 days after your insurance's final payment) will be charged a 1% late fee and every 30 days there after. **We encourage you to place a debit/credit card on file that can prevent this late charge and to simply have one less bill mailed to your house.**

I have read and agree to the Financial and Cancellation Policy of Gentle Dental of Siloam Springs. I understand that a late fee will be applied to my account if I fail to uphold any official payment arrangements and/or fail remit payment in full within 30 days of when services are rendered. I understand that I can prevent late fees by placing a Credit Card on File.

Patient's Printed Name: _____ **Date:** _____

SIGNATURE: _____ **If pt. is a Minor, Relationship:** _____

We pride ourselves on TRUST and ACCOUNTABILITY

In an effort to provide a service that has been requested by many of our patients, we have invested in a secure way to store your Debit/Credit card information.

This is a process that is just like reserving a rental car or booking an hotel room. Nothing more, nothing less.. NO surprises, ever.

Our Promise to You:

1. We will never, ever share your personal accounting information - everything is stored in a secure vault within our specialized software.
 2. YOU are always in charge, we are just here to make your life easier.
 3. You can change cards anytime you like.
 4. Your child can get their treatment done without you having to be at the office with them.
- AND
5. **YOU GET TO DICTATE THE MAXIMUM DOLLAR AMOUNT TO BE DRAFTED after your insurance's final payment. And you will never have to worry about late fees!**

Frequently Asked Questions:

Q: What if I don't want to put a card on file?

A: That is OK. Just keep in mind that after your insurance has paid, you are responsible for any balance on your account. If not paid within 30 days, there will be a 1% late fee charged to your account monthly, until the balance is paid in full. *IF you have a child that will come unaccompanied or with someone who is not prepared to pay their co-pay, it is required to have a card on file*

Q: How will I know how much will be drafted from my account when insurance has paid a little less than what was estimated?

A: EVERY single time that your insurance pays, you also receive a Explanation of Benefits (EOB) in the mail. TYPICALLY, you receive this a few days prior to your insurance's payment coming to our office. Simply look at the patient portion listed and subtract that amount from what you paid as your ESTIMATED co-pay, that should be your final balance.

IF THIS AMOUNT IS WITHIN THE GUIDELINES THAT YOU HAVE DICTATED BELOW, we will charge your card on file then send you are receipt. It's just that easy!

Q: What if the bill will equal MORE than what I decide to allow as an automated payment?

A: NO SURPRISES here! We will contact you directly to authorize payment and to answer any questions regarding your bill!

**If you have any questions about your bill we are here to answer them!
Reach out to us at (479) 524-6182 or via email at hello@iLoveGentleDental.com**

I authorize Gentle Dental of Siloam Springs to keep my signature on file and to charge my Visa, MasterCard, HSA card, or CareCredit as indicated below:

**Balance of Charges not paid by insurance AND NOT TO EXCEED: _____
You can revoke or change your card with written notice to hello@iLoveGentleDental.com.**

For CareCredit Card Holders: Please indicate how long you would like to do the no interest option:
_____ 6 month _____ 12 months

I assign my insurance benefits to the provider listed above. I understand that this form is valid for one year unless I cancel the authorization through written notice to Gentle Dental of Siloam Springs: Dr. Eric L. Wood.

Patient's Name(s): _____



Card Holder's Name: _____

Card Holder's Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Exp. Date: ____/____ Security Code: _____

Signature

Date

TOP: Patient Portion BOTTOM: Inputted Into Our Secure Software, then SHREDDED