Cynthia M. Sheeks, D.D.S., & Just Grins Dental Hygiene

OFFICE PAYMENT POLICY

Payment in full will be expected at the appointment when the treatment is rendered for all non-contracted fees and services. We will accept payments made by cash, personal checks, Visa and Mastercard credit cards.

Insurance Contracts: If you have a "Participating Contract" with your Insurance Carrier, we will accept assignment on all covered services and bill your carrier for you. You will be responsible for the co-pay, coinsurance, and any deductible due for any covered services. Any non-covered expenses will be due at the time when treatment is provided. We also require that you inform us immediately of any changes to your insurance carrier so we can bill the insurance company in a timely manner.

Insurance plans and contracts represent a contract between you and/or your family and the insurance company. These contracts are not between the doctor or hygienist and the Insurance Company. We will make every effort to help you obtain the covered benefits, but we cannot be responsible if your Insurance Provider does not pay. **It is your responsibility** to contact your insurance carrier to verify your coverage and the amount that they will pay for various dental treatments. It is also your responsibility to make certain that your carrier makes prompt payments and that you handle any disputes that may arise. Dr. Sheeks and Just Grins Dental Hygiene develop treatment plans based on your individual needs; not based on what your insurance company may or may not cover.

If your insurance company has not paid the **FULL BALANCE** within 60 days from the date of service, you will be asked to pay the balance in full and request that the insurance payment then be assigned and sent to you. A finance charge of 18% (1.5% per month) will be added to the total balance on all accounts over 75 days past due. Just Grins Dental Hygiene will assess a $10.00 re-billing fee on all balances not paid within 60 days.

Missed appointments: We ask that you kindly give us at least 24 hours notice to change or cancel an appointment. This will allow us to try to schedule someone else for that appointment time and avoid the $50.00/hour overhead expense that we incur whether or not we see any patients. If adequate notice is not given, a fee of $50.00/hour will be charged to your account for the failed appointment time.

If at anytime you have any questions regarding any treatment, fees, or services, please discuss them with us promptly. We will make every effort to avoid any misunderstanding and rectify any injustice.

I acknowledge that I am responsible to pay all charges for treatment administered by Cynthia M. Sheeks, D.D.S. and/or Just Grins Dental Hygiene as outlined above.

Responsible Party Signature: _____

Printed Name: _____ Date: _____