



Patient Name: _____

FINANCIAL AGREEMENT

Grand Rapids Dentistry believes that part of a successful dental treatment plan is a clear mutual understanding of the costs involved and the payment terms expected. We ask that you read our financial policy below. We attempt to make each patient aware of the costs of treatment prior to beginning any treatment, and will work to provide you an estimate of what will be owed (deductibles, copayments, and non-covered expenses) after insurance. Please ask if you are at any point unsure of your financial obligation.

COPAYMENT IS DUE THE DATE OF SERVICE BY CASH, CHECK OR MAJOR BANKCARD.

Finance charges (7% APR) may be assessed on all account balances over ninety days, unless previous arrangements for a payment plan have been made with Dr. Baldwin and Grand Rapids Dentistry. In the event collection efforts are required to obtain payment on your account, to the extent permitted by law, you agree to pay all costs incurred in the course of collecting amounts owed on your account, including, but not limited to: service of process fees, collection service fees, court costs and reasonable attorneys' fees.

DENTAL INSURANCE

We are happy to file insurance claims on behalf of the patient. However, it is the patient's responsibility for timely payment of dental fees. Dental insurance is a contract between the patient and the insurance carrier. Estimated insurance benefits are **ESTIMATES** only, and do not constitute a guarantee of coverage, or relieve the patient of an obligation to satisfy the bill in full. We encourage all patients to contact their insurance carriers and/or become familiar with the limits and provisions of their individual policies. Grand Rapids Dentistry will submit proposed treatment to the insurance carrier for review and pre-estimation (most insurance companies need 2 to 4 weeks to process). However, it remains the sole responsibility of the patient to confirm pre-treatment estimates if there are any questions as to maximum benefits or limitations to the policy. The patient should bring current insurance information with them to each appointment and report any changes as necessary.

MISSED APPOINTMENTS/LATE CANCELLATIONS

Here at Grand Rapids Dentistry, every patient is carefully scheduled in order to complete planned treatment and provide an experience we are proud to give. The doctor and hygienists reserve appointment times exclusively with each patient. We are committed to being here to serve you, and ask that you honor your commitment to us as well. We understand schedules change and things come up. Bearing this in mind, we ask for the courtesy to allow at least **one business day** for any change or cancellation of an appointment. In the event that this doesn't happen, the office reserves the right to charge a \$50 fee for either a missed appointment or a short notice cancellation (barring sudden illness).

I have read the Financial Policy above. I understand and agree to abide by the terms of this policy.

Patient or Parent/Guardian Signature

Date