



## **Grayhawk Prosthodontics, P.C. Financial and Insurance Policy**

Thank you for choosing our office for your dental specialist needs. We are committed to your successful treatment. The following is a statement of our Financial and Insurance Policy. We consider it to be a very important part of your treatment. We require you to read and sign this document prior to any dental treatment completed.

### **Payment Arrangements:**

Payment in full at the time of service is expected, unless a written agreement is in place and signed prior to rendered treatment. Nonpayment, payment reversal, returned items or other default of these terms will result in bank, and/or collection fees assessed to your account. Any unpaid amounts remaining on your account after 30 days will result in a service charge of 1.5% per month.

### **Cancellation Policy:**

We ask for at least **2 business days** advance notice for canceling or rescheduling an appointment; otherwise, a fee of \$54 may be assessed to your account. For scheduled appointments over 1 hour, a total of \$108 per hour will be assessed to your account.

### **Regarding Insurance:**

We will be happy to assist you in determining your dental insurance benefits based on the information you provide us. Your policy is a contract between you and your insurance company, as our office is not contracted with any insurance companies.

We will submit electronic claims on your behalf. Claims that must be submitted in paper format will be printed and given to you so that you are able to mail them to your insurance company. The assignment of benefits will be in your name, which means the insurance company will issue any benefits available directly to you.

Due to untimely filing guidelines with insurance companies, claims will not be submitted or resubmitted after 3 months from service date. Disputes regarding the benefits with insurance companies will not be handled by our office.

**I have read the Financial and Insurance Policy. I understand and agree to the terms.**

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**Patient/ Responsible Party**

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**Date**